efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134095049 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Open to Public Inspection

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Department of the Tr
Internal Revenue Ser

Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www IRS gov/form990

For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization D Employer identification number B Check if applicable YESHIVA UŇIVERSITY □ Address change 13-1624225 ☐ Name change % JACOB HARMAN Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 500 WEST 185TH STREET ☐ Application pending (646) 592-4005 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10033 **G** Gross receipts \$ 594,258,755 Name and address of principal officer H(a) Is this a group return for RABBI DR ARI D BERMAN ☐Yes ☑No subordinates? 500 WEST 185TH STREET H(b) Are all subordinates NEW YORK, NY 10033 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW YU EDU L Year of formation 1897 M State of legal domicile NY K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE ÚNIVERSITY IS COMPOSED OF SEVERAL COLLEGES AND SCHOOLS PROVIDING EDUCATION, TRAINING, RESEARCH AND CLINICAL PROGRAMS SEE SCHEDULE O Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 36 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 2,738 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -2,274,674 Net unrelated business taxable income from Form 990-T, line 34 -1,860,340 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 41,991,830 37,936,478 Program service revenue (Part VIII, line 2g) . 199,528,605 212,478,293 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,669,608 17,956,899 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,138,931 5,288,670 320,328,974 273,660,340 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 83,506,250 93,020,499 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 126,018,205 121,304,472 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 308,749 527,712 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶8,890,522 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 97,869,044 119,380,957 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 307,702,248 334,233,640 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . 12,626,726 -60,573,300 Net Assets or Fund Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 1,031,314,954 968,596,074 21 Total liabilities (Part X, line 26) . 434,404,553 412,181,453 Net assets or fund balances Subtract line 21 from line 20 596,910,401 556,414,621 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Sign Here RABBI DR ARI D BERMAN CFO-VP Type or print name and title Print/Type preparer's name YING LI Preparer's signature Date PTIN Check \square ıf YING LI P01343131 Paid self-employed Firm's name PricewaterhouseCoopers LLP Firm's EIN ▶ **Preparer** Firm's address > 300 Madison Avenue Phone no (646) 471-3000 Use Only New York, NY 10017 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part III		Page 2				
Par	t IIII Statement	of Program Servi	ice Accomplis	hments		
	Check if Sched	dule O contains a resi	onse or note to	any line in this Part III		
1				•		
						DFESSIONAL AND POST-
2	3	, ,	. 3	, , , , , , , , , , , , , , , , , , ,	hich were not listed on	□ vos ☑ No
	•					□ res ⊡ No
3	Did the organization	cease conducting, or	make significant	changes in how it cond	lucts, any program	□Yes ☑No
	If "Yes," describe the	se changes on Sched	ule O			
4	Section 501(c)(3) and	d 501(c)(4) organizat	ions are required	to report the amount		
4a	(Code) (Expenses \$	112,865,422	including grants of \$	93,020,499) (Revenue \$	187,753,155)
	See Additional Data		. ,			
4b	(Code) (Expenses \$	83,869,947	ıncludıng grants of \$	0) (Revenue \$	17,235,802)
	See Additional Data					
4c	(Code) (Expenses \$	92,449,174	ıncludıng grants of \$	0) (Revenue \$	7,489,336)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	dule O)			
	(Expenses \$	ın	cluding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	289,184,5	43		<u> </u>

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11a

11b

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11d

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11f

12a

12b

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14a

14h

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Yes

1	Is the
	Sche
2	Is the
3	Did tl

e organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$. . . he organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

or X as applicable

Part IV

Checklist of Required Schedules e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete*

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Nο

Nο

No

No

No

Nο

Nο

Νo

Nο

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Page 3

No

Yes

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	оь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	:3	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Yes Nο

No

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Nο

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Nο

No

Nο

Dage 4

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	٠,		<u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 571		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 571 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	162	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►IS , CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
				<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm OO	0 (2017)

Form	990 (2017)			Page 6
Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,		
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
S ₀	status with respect to such arrangements?	16b	Yes	
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
	CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JACOB HARMAN 500 WEST 185TH STREET NEW YORK, NY 10033 (646) 592-4005			- (201=)

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2017)

SECURITAS SECURITY SERVICES,

62578 COLLECTIONS CENTER DRIVE

1412 BROADWAY NEW YORK, NY 10018 TECHLINE CONSTRUCTION LLC,

69 STARBUCK STREET STATEN ISLAND, NY 10304 ELLUCIAN COMPANY LLP,

CHICAGO, IL 60693 SUPREME LOGISTICS,

1015 SAW MILL RIVER ROAD YONKERS, NY 10710

3109 W DR MLK JR BLVD TAMPA, FL 33607

PRICEWATERHOUSECOPPERS LLP,

compensation from the organization ▶ 84

Name and Title

Average

hours per

week (list

Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

compensation

(C)

Compensation

9,872,410

2,149,936

10,025,688

1,214,710

1,398,743

Form 990 (2017)

Description of services

SECURITY SERVICES

CONSTRUCTION

TRANSPORTATION

ACCOUNTING SERVICES

IT SERVICES

Reportable

compensation

from related

Reportable

compensation

from the

Page 8

		any hours		direct	tor/t	rust	ee)		organization (W			from	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MIS	L)	organizati relati organiza	ed
See /	Additional Data Table												
			<u> </u>										
11.6	Sub-Total												
	Fotal from continuation sheets to Pa	art VII, Sectio	n A .	`. '			▶						
	•	<u> </u>			•		<u> </u>		8,087,623		0		805,693
2	Total number of individuals (including of reportable compensation from the o			e list	ed a	bove	e) who	rece	eived more than \$	100,000			
												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e •	mplo •	oyee,	or his	ghest compensate	d employee on		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4	For any individual listed on line 1a, is	the sum of repo	ortable o							om the	3	Yes	
	organization and related organizations	s greater than \$	\$150,00	0۶ <i>If</i> •	"Yes	," co	omplet •	e Sc	hedule J for such		4	Yes	
5	Did any person listed on line 1a receiv	ve or accrue cor	mpensat	tion fi	rom	any	unrela	ated	organization or in	dividual for	 "	162	
	services rendered to the organization		lete Sch	edule	J fc	r su	ıch pei	rson			5		No
Se	Complete this table for your five higher		d indos	anda:	at co		actors :	that	received more the	an \$100 000 of co	mno	neation	
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year												

Position (do not check more

than one box, unless person

is both an officer and a

Form 9		<u> </u>										Pa	age 9
Part '	VII	Statement of	Revenue										
		Check if Schedul	le O contains a	respo	onse or note to any	(4	nis Part VIII A) evenue	Rela ex fui	(B) ated or cempt nction venue	bι	(C) arelated usiness evenue	(D) Revenue excluded fro tax under sec 512-514	om
10	1a	Federated campaig	ns	1a	1			10	Venue			312 31 1	
nts	ŀ	Membership dues	[1b									
Gra no		c Fundraising events	[1c	3,231,585								
S. A		d Related organizatio	ns	1 d	1,308,949								
ia ei		• Government grants (co	ontributions)	1e	3,828,247								
ions, Gifts, Grants r Similar Amounts	f	F All other contributions, and similar amounts nabove	, gifts, grants, ot included	1f	29,567,697								
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contribution	ons included	1,33	33,578								
Cont and	h	Total.Add lines 1a-1	lf			27	,936,478						
					Business		, , , , , , , , , , , , , , , , , , , ,						
Service Revenue	2a	STUDENT TUITION				900099	187,7	53,155	187,753	3,155			
,	b	STUDENT & FACULTY AL	JXILIARY SERVIO	ES.		900099	17,2	35,802	17,235	5,802			
- P	С	OTHER EDUCATION REL	ATED REVENUE			900099	3,8	89,336	3,889	9,336			
έŗ	d	AFFILIATE SERVICES				900099	3,6	500,000	3,600	0,000			
S	e			_									
Program		All other program se			212,4	178,293							
		Total.Add lines 2a-2f				1		1					
		Investment income (ii imilar amounts) .	nciuaing aiviae		interest, and other	1	6,690,957	,	О		-2,274,674	8,96	55,631
	4 I	Income from investme	ent of tax-exe	npt b	ond proceeds >		С)					
	5 F	Royalties			•		69,302	2				€	59,302
		_	(ı) Real		(II) Personal								
	6a	Gross rents	7,3!	59,707									
	b	Less rental expenses		54,583									
		Doubal manager	3.00	NE 404		1							
	С	Rental income or (loss)	2,95	95,124	0	'							
	d	Net rental income o	r (loss)			1	2,995,124	ŀ				2,99	95,124
			(ı) Securiti	es	(II) Other								
	7a	Gross amount from sales of	326,87	77.549	0								
		assets other than inventory		. ,	_								
	h	Less cost or				-							
	J	other basis and sales expenses	315,58	38,127	23,480								
	С	Gain or (loss)	11,28	39,422	-23,480	,							
	d	Net gain or (loss) .			>	1	11,265,942	2				11,26	55,942
	8a	Gross income from fi	undraising eve	nts									
Other Revenue		(not including \$ contributions reporte	3,231,585 c	T									
₹		See Part IV, line 18		а	245,469								
Re		Less direct expense		b	622,225								
her		Net income or (loss)			ents •		-376,756					-37	76,756
Off	Уa	Gross income from g See Part IV, line 19		es									
				а	0								
		Less direct expense		b	0								
		Net income or (loss)		activit	ies >		C)					
	10a	Gross sales of invent returns and allowand											
				а	0								
	b	Less cost of goods s	sold	b	0]							
	С	Net income or (loss)		invent			О)					
		Miscellaneous			Business Code	_	2 601 000					2.66	11 000
	11	arevenue for Capi	IAL RENOVAT	ION	900099]	2,601,000	1				2,60	01,000
		_											
	b	•											
								1					
	С												
		All other revenue .											
	е	Total. Add lines 11a	-11d		•		2,601,000						
	12	Total revenue. See	Instructions				273,660,340		212,478,293		-2,274,674	25 57	20,243
							5,555,540	1	, ,, 0,233		2,2,4,0,4	Form 990 (2	

key employees . .

7 Other salaries and wages

section 4958(c)(3)(B) .

9 Other employee benefits .

a Management . . .

d Lobbying

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy .

20 Interest . .

23 Insurance .

b TUITION

d FOOD

e All other expenses

14 Information technology

f Investment management fees .

11 Fees for services (non-employees)

10 Payroll taxes .

b Legal .

c Accounting

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions) . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials • **19** Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)
a SECURITY SERVICES

c PLEDGE WRITEOFF-BAD DEBT

g Other (If line 11g amount exceeds 10% of line 25, column

365,000

5,068,994

182,750

868,087

414,553

527,712

110,650

440,531

121,737

554

79,804

5,717

9,269

246,180

448,984

8,890,522

Form 990 (2017)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses					
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	626,074	626,074							
2 Grants and other assistance to domestic individuals See Part IV, line 22	88,209,736	88,209,736							
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,184,689	4,184,689							
4 Benefits paid to or for members	0								

4,110,000

92,771,315

3,045,828

14,468,118

6,909,211

966.091

1,358,294

120,345

527,712

2,841,980

2,926,845

1,425,885

6,668,935

12,173,698

8,703,914

3,503,005

715,243

13,816,730

12,374,043

2,742,911

9,221,226

11,531,106

21,021,900

4,257,782

3,011,024

334,233,640

0

0

0

3,370,500

80,280,616

2,619,412

12,442,582

5,941,921

2,926,845

1,044,317

4,961,306

9,738,958

7,049,616

2,757,630

573,630

11,191,551

10,022,975

2,221,758

7,459,924

9,340,196

17,027,739

3,202,623

1,989,945

289,184,543

374,500

7,421,705

1,157,449

552,737

966.091

1,358,294

120,345

2,841,980

270,918

1,267,098

2,313,003

1,653,744

665,571

135,896

2,625,179

2,351,068

1,752,033

2,190,910

3,994,161

808,979

572,095

36,158,575

521,153

243,666

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

4,747,101

23.323.841

69,464,172

1

2

3

8

9

10c

11

12

13

15

16

17

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

0 4

0 5

0 6

1.218.526

20,357,078

202.782.413

254.518.408

319.578.447

34.675.358

100.649.610

32,284,212

4,954,864

158,985,000

140.652.501

97.527.976

434,404,553

-11.125.768

177.509.221

430.526.948

596,910,401

1,031,314,954

1.031.314.954

0 14

0 18 Page **11**

3,127,919

12.330.099

51,179,890

1.052.436

27.667.659

192,831,688

172,449,054

382,317,535

34.415.264

91.224.530

968.596.074

30,624,938

3,780,368

150,510,000

140.291.738

86.974.409

412,181,453

-37,090,983

173,717,939

419.787.665

556,414,621

968.596.074

Form **990** (2017)

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Check	ıf	Schedule	0

Cash-non-interest-bearing			

Pledges and grants receivable, net . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

contains a response or note to any line in this Part IX .

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

II of Schedule L

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Savings and temporary cash investments .

432,246,979

239.415.291

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

3 -60,573,300 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 596,910,401

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5 20.164.293

6

7 8

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Page **12**

-86,773

No

Νo

556,414,621

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

Additional Data

Software Version:

EIN: 13-1624225

Software ID:

Name: YESHIVA UNIVERSITY

Form 990 (2017)

Form 990, Part III, Line 4a: STUDENT INSTRUCTION SEE SCHEDULE O

Form 990, Part III, Line 4b: ACADEMIC SUPPORT & STUDENT SERVICES. SEE SCHEDULE O

Form 990, Part III, Line 4c: INSTITUTIONAL SUPPORT, AUXILIARY SERVICES, RESEARCH & TRAINING SEE SCHEDULE O

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

		1	a un	ecto	217 (11	usice	,	0194112411011	(14/ 3/4 300	I moniture .
	for related organizations below dotted line)	Individual trustee or director	lostitutional Trustee	10	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MOSHAEL J STRAUS BOARD CHAIRMAN/TRUSTEE	10 0	x						0	0	0
ROBERT M BEREN CHAIR EMERITUS/TRUSTEE	1 0	×						0	0	0
DAVID S GOTTESMAN CHAIR EMERITUS/TRUSTEE	1 0	x						0	0	0
HENRY KRESSEL CHAIR EMERITUS/TRUSTEE	1 0	×						0	0	0
MORRY J WEISS	1 0						\Box			

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CHAIR EMERITUS/TRUSTEE
HENRY KRESSEL
CHAIR EMERITUS/TRUSTEE
MODBY 1 WEICC

CHAIR EMERITUS/TRUSTEE

VICE CHAIRMAN/TRUSTEE

VICE CHAIRMAN/TRUSTEE

VICE CHAIRMAN/TRUSTEE

MICHAEL JESSELSON

TREASURER - TRUSTEE

...... VICE CHAIRMAN/TRUSTEE

LUDWIG BRAVMANN

PHILIP FRIEDMAN

MORDECAI D KATZ

IRA M MITZNER

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer from the week (list from related compensation

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NAOMI AZRIELI TRUSTEE	1 0	×						0	0	0
JACK A BELZ TRUSTEE	1 0	×						0	0	0
JULIUS BERMAN	1 0	×						0	0	0

TROSTEE	0 0					
JACK A BELZ	1 0	, , , , , , , , , , , , , , , , , , ,				
TRUSTEE	0 0	×			U	
JULIUS BERMAN	1 0	×			0	
TRUSTEE	0 0	^			9	
MARVIN S BIENENFELD	1 0	,			0	
TOLICIES		×			l o	

1 0

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and Independent Contractors

SENDER Z COHEN

MICHAEL GAMSON

ELLIOT GIBBER

ALAN GOLDBERG

DR FELIX L GLAUBACH

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JULIUS BERMAN	1 0	v				_		
TRUSTEE	0 0	^					Ü	
MARVIN S BIENENFELD	1 0							
		X				0	0	
TRUSTEE	0 0							
MARJORIE DIENER BIENDEN	1 0							
		X				lo	o	1
TRUSTEE	0 0							

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JULIUS BERMAN	1 0	×							0	
TRUSTEE	0 0	_ ^								
MARVIN S BIENENFELD	1 0	×						n	0	
TRUSTEE	0 0	_ ^								
MARJORIE DIENER BIENDEN	1 0	_						0	0	
	l	l ^	l	i I		i 1		l '	1	l

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dir	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FANYA GOTTESMAN HELLER TRUSTEE-DECEASED OCTOBER 2017	1 0	×						0	0	0
ANDREW HERENSTEIN TRUSTEE	1 0	x						0	0	0
LAIZER KORNWASSER TRUSTEE	1 0	×						0	0	0
IRA LIPMAN TRUSTEE	1 0	×						0	0	0
MATTHEW 1 MARYLES	1 0									

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TRUSTEE
IRA LIPMAN
TRUSTEE
MATTHEW J MARYLES
TRUSTEE

JOSHUA L MUSS

J PHILIP ROSEN

DR LEWIS RUBIN

DAVID P SAMSON

JOEL M SCHREIBER

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

	1 (11)	1	u u			(11/ 3/4000	1 110111 (110			
	for related organizations below dotted line)		Institutional Trustee	101		Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAY SCHOTTENSTEIN TRUSTEE	1 0	×						0	0	0
DANIEL A SCHWARTZ TRUSTEE	1 0	x						0	0	0
IRWIN SHAPIRO TRUSTEE	1 0	×						0	0	0
MARK SILBER	1 0	×					П	0	0	0

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0 0 35 0

1 0 35 0

10 35 0

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473,213

545,871

597,687

0

109,387

42,194

154,284

0

IRWIN SHAPIRO
TRUSTEE
MARK SILBER
TRUSTEE
MARK WILF

TRUSTEE

TRUSTEE

TRUSTEE

ZYGMUNT WILF

SHIRA YOSHOR

JACOB HARMAN

ANDREW J LAUER

VP BUSINESS AFFAIRS - CFO

VP/SECTY/GENERAL COUNSEL

TRUSTEE/PRESIDENT BEGAN 3/2017

RABBI DR ARI D BERMAN

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

ALLEN SPIEGEL

MYRIAM GILLES

PROFESSOR

PROFESSOR - VICE DEAN

DAVID RUDENSTINE

EDWARD D STEIN

PROFESSOR/DIRECTOR

...... VP MEDICAL AFFAIRS/DEAN

	ally hours	l and	ı a uli	ecto	<i>)</i> / Li	ustee	,	Organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SELMA BOTMAN PROVOST - VP ACADEMIC AFFAIRS	35 0				×			353,048	0	6,968	
HERBERT DOBRINSKY VP UNIVERSITY AFFAIRS	35 0				x			298,461	0	28,858	
ALYSSA HERMAN VP INSTITUTIONAL ADVANCEMENT	35 0				x			177,499	0	18,272	

	0 0	I	l .	 - 1				
ALYSSA HERMAN	35 0			×		177,499	0	18,272
VP INSTITUTIONAL ADVANCEMENT	0 0					·		
AHRON HERRING	35 0							
CHIEF INVESTMENT OFFICER	0 0			×		491,818	0	19,974
RABBI JOSHUA JOSEPH	35 0			V		257.627	0	117 222
SENIOR VP	1 0			^		357,627	0	117,322
MELANIE LESLIE	35 0							

			1 1	χl		491,818	0	19.
CHIEF INVESTMENT OFFICER	0 0					,		
RABBI JOSHUA JOSEPH	35 0			x		357,627	0	117,
SENIOR VP	1 0			^		337,027		117,
MELANIE LESLIE	35 0							
DEAN - CARDOZO LAW SCHOOL				×		377,908	0	41,

10 0

0 0 35 0

0.0 35 0

0 0

......

RABBI JOSHUA JOSEPH	35 0		$_{x}$		357,627	0	117.322
SENIOR VP	1 0				337,027	3	117,322
MELANIE LESLIE	35 0		Ţ		377,908	0	41,455
DEAN - CARDOZO LAW SCHOOL	0 0		^		377,500	0	+1,+33

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161,782

321,295

384,717

323,393

0

0

36,901

10,194

33,343

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation amount of other compensation person is both an officer from the from related week (list compensation

any hours

and Independent Contractors

MORTON LOWENGRUB

DANIEL FORMAN

SETH MOSKOWITZ

FORMER PROVOST/SENIOR VP

FORMER VP DEVELOPMENT

FORMER VP INST ADV APR 2017

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

organization

129,297

204,360

147,213

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organizations

/M 2/1000

from the

72,031

26,033

28,227

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	for related	3d 						(W- 2/1099-	(W- 2/1099- (W- 2/1099-		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
STEWART STERK PROFESSOR/DIRECTOR	35 0 0 0					x		326,475	0	33,793	
JAMES VASQUEZ CHIEF INFORMATION OFFICER	35 0 0 0					х		318,587	0	26,457	

		l .	ı	 	I X I		l 326.475	0	1
PROFESSOR/DIRECTOR	0 0				^		320,173	•	
JAMES VASQUEZ	35 0				×		318.587	0	
CHIEF INFORMATION OFFICER	0 0						310,307	3	
RICHARD JOEL	35 0					x	2,097,372	0	
FORMER PRESIDENT	0.0					^	2,037,372	ŭ	ĺ

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efile	e GRA	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9349313409504			
SCI		ULE A	Dublic	Charity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047		
	m 990		Complete if the	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization of trust. 0-EZ.	· a section	2017		
•		the Treasury	► Information abo	out Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection		
Name	e of th	ne organiza VERSITY	tion				Employer identific	ation number		
							13-1624225			
Pa			for Public Charity Sta a private foundation becaus				See instructions.			
1 1	rganiz		onvention of churches, or a	•	5 ,	,	(A)/:)			
2		•	escribed in section 170(b)							
3	✓		` -		,	• •				
			or a cooperative hospital se	_			-			
4			esearch organization opera and state	ated in conjunction with	a nospital descri	bed in section	17U(D)(1)(A)(III). E	nter the nospital's		
5		(b)(1)(A)	ation operated for the bene (iv). (Complete Part II)	-				bed in section 170		
6		A federal, s	tate, or local government of	or governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).			
7			ation that normally received ' 0(b)(1)(A)(vi). (Comple		s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	I)				
9			ural research organization or rant college of agriculture					ege or university or a		
10		from activit	ation that normally received ties related to its exempt for income and unrelated bus See section 509(a)(2). (0	unctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross		
11			ation organized and operate		r public safety S	ee section 509	(a)(4).			
12		more public	ation organized and operato By supported organizations I through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	zation vested in the sar						
С			unctionally integrated. A programme or a comment of the comment of					ited with, its		
d		Type III n functionally	on-functionally integrat integrated The organization in You must complete Page 1	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization rece	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		or Type III non-functionall of supported organization:		organization					
g			ring information about the s		s)		_			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	ion in your governing document? mone n lines t (see		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Total			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9			

▶ 🗸

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Schedule A (Form 990 or 990-EZ) 2017

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

_							
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	262,751,320	241,367,648	72,001,712	41,991,830	37,936,47	656,048,988
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	,	0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	262,751,320	241,367,648	72,001,712	41,991,830	37,936,47	656,048,988
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
5	Public support. Subtract line 5 from line 4						656,048,988
S	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	262,751,320	241,367,648	72,001,712	41,991,830	37,936,47	8 656,048,988
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,840,436	21,134,773	25,996,040	12,461,941	14,119,96	6 102,553,156
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0 0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,361,495	1,175,238	2,715,601	5,161,927	2,601,00	0 13,015,261
11	through 10						771,617,405
12	Gross receipts from related activities,	etc (see instruction	ons)			12	1,259,303,519
13	First five years. If the Form 990 is f	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sect	tion 501(c)(3) or	ganization,
	check this box and stop here	<u></u>	<u></u>	<u></u>		<u></u> ▶	
9	Section C. Computation of Publi	c Support Perc	entage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	85 023 %
	Public support percentage for 2016 Se					15	88 059 %

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

	assets (Explain in Part VI)		
11	Total support. Add lines 7		
	through 10		
12	Gross receipts from related activities,	etc (see instructi	ons)

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

provide detail in Part VI.

answer line 10b below

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination					
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-				
		3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or					
	supervised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$			
	to the foleign supported organization was used exclusively for section 170(c)(2)(b) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	ization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or vised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		•	-9
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
-	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017

b From 2013. c From 2014. **d** From 2015. e From 2016. f Total of lines 3a through e g Applied to underdistributions of prior years

h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2017)

c Excess from 2015.

e Excess from 2017.

d Excess from 2016.

Additional Data

Software ID: Software Version:

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493134095049

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

		nplete Parts I-A and B Do not complete			
		01(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-	В
f the ● S	Section 501(c)(3) organizations that	e Part I-A only n Form 990, Part IV, Line 4, or Form 9 ! I have filed Form 5768 (election under s I have NOT filed Form 5768 (election un	ection 501(h)) Co	mplete Part II-A Do not	complete Part II-B
f the	organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax			
	(y Tax) (see separate instruction				
	Section 501(c)(4), (5), or (6) organize of the organization	zations Complete Part III		F	lentification number
	HIVA UNIVERSITY			Employer id	lentification number
				13-1624225	
Pari	I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instruction	s for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers ur	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		Yes No
4a	Was a correction made?				
4 a					☐ Yes ☐ No
b	If "Yes," describe in Part IV		- 501/->		2)
	<u> </u>	nization is exempt under sectio			-
1	·	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ction 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fun olitical organization, suc	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -0-	contributions received
1					
2					
3					
4					
5					
6					

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 activity

Volunteers?

Media advertisements?

1

c

1

2

b

C

3

Current year

Carryover from last year

expenditure next year?

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

(b)

Amount

(a)

No

Nο

Νo

Yes

Yes

1

2a

2b

2c 3

4

Mailings to members, legislators, or the public? No Publications, or published or broadcast statements? Nο Nο Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 154,175 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo Νo Other activities? Total Add lines 1c through 1i 154,175 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

ACTIVITIES WITH RESPECT TO LEGISLATIVE, REGULATORY AND BUDGETARY ISSUES ON BEHALF OF

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Return Reference Explanation SCHEDULE C, PART II-B, LINE 1B AND MIRRAM GROUP LCC AND PAUL MARCONE & ASSOCIATES WERE AUTHORIZED TO ENGAGE IN LOBBYING

YESHIVA UNIVERSITY THE TOTAL SHOWN INCLUDES THE UNIVERSITY'S RELATED INTERNAL COMPENSATION AND BENEFIT COSTS Schedule C (Form 990 or 990EZ) 2017 **SCHEDULE D**

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

DLN: 93493134095049 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

	nal Revenue Service Information about Schedule D (For	m 990) and its inst	ructions is at <u>www.i</u>				
	ame of the organization SHIVA UNIVERSITY			Employer identification number			
P	ort I Organizations Maintaining Donor Advis			1 == ======			
	Complete if the organization answered "Ye	·	rt IV, line 6. dvised funds	(b)Funds and other accounts			
1	Total number at end of year	(a) Donor a	avisea farias	(b) and other accounts			
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		assets held in donor ac	dvised funds are the			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No						
Pa	rt II Conservation Easements. Complete if th	ne organization ans	wered "Yes" on Fori	n 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all tha	t apply)				
	Preservation of land for public use (e g , recreation	n or education)	Preservation of ar	historically important land area			
	Protection of natural habitat		Preservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	contribution in the fo	rm of a conservation Held at the End of the Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
c	Number of conservation easements on a certified historic	c structure included ir	ı (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06, an	d not on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	hed, or terminated by	the organization during the			
4	Number of states where property subject to conservatio	n easement is located	>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		, inspection, handling	of violations,			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing c	onservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conser	vation easements during the year			
8	Does each conservation easement reported on line 2(d)	above satisfy the req	uirements of section 1	70(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(II)?			☐ Yes ☐ No			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 8.				
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, edu	cation, or research in i				
Ь	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1			> \$			
(ii)Assets included in Form 990, Part X			▶\$			
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1			▶ \$			
b	Assets included in Form 990, Part X			▶ \$			
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No.	52283D Schedule D (Form 990) 20			

Par	3111	Organizations Ma	aintaining Collection:	s of Art, Histo	rical T	reası	ires, oi	r Other	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply)	uisition, accession, and otl	ner records, chec	k any of	the fo	ollowing t	hat are a	sıgnıfıcant u	se of its coll	ection	
а	✓	Public exhibition		d		Loan	or exch	ange prog	rams			
b	✓	Scholarly research		e		Othe	r					
С	✓	Preservation for future	e generations									
4	Provi Part		organization's collections a	ınd explaın how t	hey furt	her the	e organiz	zation's ex	kempt purpos	se in		
5			anızatıon solıcıt or receıve nds rather than to be maın						ular	☐ Yes	☑ N	o
Pai	rt IV		odial Arrangements. ganızatıon answered "Y	es" on Form 99	00, Part	: IV, lı	ıne 9, o	r reporte	ed an amou	nt on Form	990,	Part
1a		e organization an agent ded on Form 990, Part I	, trustee, custodian or oth X?	er intermediary f	or contri	bution	s or othe	er assets I	not	☐ Yes	□ N	o
b	If "Y	es," explain the arrange	ement in Part XIII and com	plete the following	ng table				Ar	nount		_
С		nning balance			-			1c				_
d	Addıt	tions during the year						1d				_
e	Dıstr	ributions during the year	r					1e				_
f	Endır	ng balance						1f				
2 a	Dıd t	he organization include	an amount on Form 990,	Part X, line 21, fo	r escrov	v or cu	ıstodıal a	ccount lia	bility?	☐ Yes	□ N	0
b	If "Ye	es," explain the arrange	ment in Part XIII Check h	ere if the explana	ation ha	s been	provide	d in Part)	KIII			
Pa	rt V		ds. Complete if the org									
) Prior yea	-		ears back	(d)Three yea		our yea	
1a	Beginr	ning of year balance .		173,543,139	445,42	-+	85	59,128,606	· ·	352,416		686,277
		butions		4,686,051		7,747		3,353,243		796,779		709,186
		vestment earnings, gair		28,674,036	42,23			14,444,526	· ·	184,116		434,672
		s or scholarships		12,579,153	11,31	4,389	1	13,139,676	17,8	361,955	17,	633,841
		expenditures for facilities rograms	es	12,615,677	8,37	4,621	41	18,364,329	35,1	142,750	195,	343,878
		nistrative expenses .										
_		f year balance		181,708,396	473,54			15,422,370	859,1	128,606	884,	852,416
2		·	ntage of the current year	•	1g, colu	mn (a)) held a	S				
a		d designated or quasi-e		0								
b		nanent endowment ►	63 050 %									
С		porarily restricted endov		1000/								
3а	Are t	_	, 2b, and 2c should equal not in the possession of the		at are h	ield an	ıd admın	istered fo	r the		Yes	No
	_	inrelated organizations								3a(i)	162	No
		related organizations								3a(ii)		No
b		-	lated organizations listed a	s required on Scl	nedule F	?.				3b		
4	Desc	ribe in Part XIII the inte	ended uses of the organiza	tion's endowmen	t funds							
Pai	rt VI				.0.5	T) ('		C	000 5	± V 1		
	Descr	Complete if the orginal complete if the orginal complete if the orginal complete.	ganization answered "Y (a) Cost or other basis	es" on Form 99 (b) Cost or oth					m 990, Par). ook valu	e
	Desci	ipaion of property	(investment)	(b) cost or oth	C. DO313 (Julei)	(6) Acc	amaiateu t	icpi colduoli	(u) D	on valu	~
1a	Land				13,5	52,086					13	3,552,086
b	Buildir	ngs			387,0	96,534			215,652,515		171	1,444,019
С	Leasel	hold improvements				0			0			0
d	Equipr	ment			31,5	98,357			23,762,774		-	7,835,583

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

192,831,688

Part VII	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ie organizat	ion ansv	vered "Yes" on Form 99	0, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book	value		d of valuation year market value
(1) Financia					,
(2) Closely-(3) Other	held equity interests				
	ATIVE/OTHER INVESTMENTS	382	317,535		F
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	382	317,535		
Part VIII	Investments—Program Related.	302,	317,333		
	Complete if the organization answered 'Yes' on F				
	(a) Description of investment	(b) Bo	ok value		d of valuation -year market value
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered (a) Description	'Yes' on For	n 990, Pa	rt IV, line 11d See Form 9	90, Part X, line 15 (b) Book value
(1) 457B PL	* * * * * * * * * * * * * * * * * * * *				12,546,659
(2) INVESTM	IENTS HELD FOR AECOM INC				51,829,018
	RELATED ASSETS				11,862,410
(4) OTHER A (5)	ISSETS				14,986,443
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)			.	91,224,530
Part X	Other Liabilities. Complete if the organization a	nswered 'Ye	es' on Fo	rm 990, Part IV, line 11	
	See Form 990, Part X, line 25. (a) Description of liability		(h) D	ook value	
(1) Federal I	ncome taxes		(0) 6	OOK Value	
• • • • • • • • • • • • • • • • • • • •	E ADVANCES FROM US GO			4,826,034	
	REMENT OBLIGATION			9,403,151	
	LIABILITIES			655,748	
DUE TO BCB	S			2,250,000	
457B PLAN [DFD COMPENSATION LIA			10,484,803	
OTHER LIAB	ILITIES			971,298	
ASSETS HEL	D FOR AECOM, INC			58,383,375	
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)	the footnote	to the a	86,974,409	ments that reports the
	or uncertain tax positions In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7				
	,	,			

Schedule D (Form 990) 2017

1

Page 4

See Additional Data Table

b Donated services and use of facilities					
c R	ecoveries of prior year grants				
d 0	ther (Describe in Part XIII)				
e A	dd lines 2a through 2d				
3 S	ubtract line 2e from line 1				
4 A	mounts included on Form 990, Part VIII, line 12, but not on line				
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7				
b 0	ther (Describe in Part XIII)				
c A	dd lines 4a and 4b				
5 <u>T</u>	otal revenue Add lines 3 and 4c. (This must equal Form 990, P				
Part >	• • • • • • • • • • • • • • • • • • •				
1 T	Complete if the organization answered 'Yes' on Fo otal expenses and losses per audited financial statements .				
	mounts included on line 1 but not on Form 990, Part IX, line 25				
	onated services and use of facilities				
	rior year adjustments				
	ther losses				
	ther (Describe in Part XIII)				
	dd lines 2a through 2d				
	ubtract line 2e from line 1				
	mounts included on Form 990, Part IX, line 25, but not on line :				
	nvestment expenses not included on Form 990, Part VIII, line 7				
b Other (Describe in Part XIII)					
рυ	,				
	dd lines 4a and 4b				
c A					
c A 5 <u>T</u>	dd lines 4a and 4b				
c A 5 To Part Provide	otal expenses Add lines 3 and 4c. (This must equal Form 990,				

Net unrealized gains (losses) on investments

e 12							
	2a				20,1	64,293	3
	2b						
	2c						
	2d				-82,9	16,810	7
ine 1							
e 7b .	4a				2,8	41,980	
	4b				-	77,859	9
, Part I, line 12)							
ancial Statem	ents	Wit	h Ex	ре	nse	per	Re
Form 990, Part	: IV, lı	ne 1	2a.				_
				•	•		
25							
	2a						
	2b						
	2c						
	2d				1,8	65,104	1
ne 1:							
e 7b	4a				2,8	41,980	
	4b				85,0	06,531	
	٠						
0, Part I, line 18) .						r
	-						_
III, lines 1a and 4, Part IV, lines 1b and 2b, Part V is part to provide any additional information							
Explanation							
·							

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

3							
)							
	2e	-62,752,517					
	3	270,896,219					
)							
1	4c	2,764,121					
	5	273,660,340					
R	eturi						
	1	248,250,233					
4							
4							
ļ							
	2e	1,865,104					
	3	246,385,129					
1							
-	4c	97 949 E11					
	5	87,848,511 334,233,640					
_		33 1/233/6 10					
:	V, line	4, Part X, line 2, Part					
_							
	Schedule D (Form 990) 2017						

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: **Software Version:**

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

Supplemental Information

Return Reference

ROAD

SCHEDULE D, PART III, LINE 1A

& 4 - COLLECTIONS RARE BOOKS AND MANUSCRIPTS

000 YEARS OF JEWISH CULTURE, ART, AND HISTORY FROM AROUND THE WORLD THE COLLECTIONS FEATU RE FINE ARTS, ETHNOGRAPHIC AND ARCHEOLOGICAL ARTIFACTS, CLOTHING AND TEXTILES, CEREMONIAL

Explanation YESHIVA UNIVERSITY'S MUSEUM'S COLLECTION INCLUDES MORE THAN 10,000 ARTIFACTS REFLECTING 5,

HELD BY YU CONSTITUTE THE LIBRARY'S SPECIAL COLLECTIONS. THE RARE BOOKS, MANUSCRIPTS AND ARCHIVAL RECORDS DOCUMENT THE JEWISH, RELIGIOUS, LITERARY AND CULTURAL HERITAGE SCHOLARS AND VISITORS ARE WELCOME TO CONSULT THE SPECIAL COLLECTIONS. THE RARE BOOK ROOM, A GLASS-E NCLOSED ROOM ON THE FOURTH FLOOR OF THE YESHIVA UNIVERSITY MENDEL GOTTESMAN LIBRARY WITH A CONTROLLED ENVIRONMENT, HOUSES THE UNIVERSITY'S RARE BOOKS AND MANUSCRIPTS COLLECTIONS A PPROXIMATELY EIGHT THOUSAND PRINTED VOLUMES, MOST OF THEM IN HEBREW, ARE INCLUDED IN THE R ARE COLLECTIONS ALSO, A COLLECTION OF OVER ONE THOUSAND RABBINIC AND HISTORICAL MANUSCRIP TS IS HOUSED IN THE RARE BOOK ROOM. THE ARCHIVES HOLD ORGANIZATIONAL AND INSTITUTIONAL REC ORDS AND PRIVATE PAPERS RELATING TO THE MODERN JEWISH HISTORY AND CULTURE IN THE US AND AB

AND RITUAL OBJECTS, MANUSCRIPTS, BOOKS, AND OTHER DOCUMENTS. THE RARE AND UNIQUE TREASURES.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A & 4 - EXHIBITIONS & PROGRAMS - EDUCATION	THE YESHIVA UNIVERSITY MUSEUM SHARES SPACE IN THE CENTER FOR JEWISH HISTORY, A STATE-OF-TH E-ART FACILITY WITH FOUR INSTITUTIONS, THREE OF WHOM ARE RENOWNED RESEARCH AND ARCHIVAL IN STITUTIONS FOCUSING ON SPECIFIC ASPECTS OF JEWISH HISTORY AND CULTURE THE YIVO INSTITUTE FOR JEWISH RESEARCH, THE AMERICAN JEWISH HISTORICAL SOCIETY, AMERICAN SEPHARDI FEDERATION, AND THE LEO BAECK INSTITUTE THE MUSEUM HAS FOUR GALLERIES, AN EXHIBITION ARCADE, AN OUTD OOR SCULPTURE GARDEN, A DISCOVERY CENTER AND A CHILDREN'S WORKSHOP ROOM THE MUSEUM HAS AC CESS TO A 250 SEAT, HANDICAPPED-ACCESSIBLE AUDITORIUM WITH A STATE-OF-THE-ART AV PROJECTIO N ROOM THE YESHIVA UNIVERSITY MUSEUM PRESENTS EXHIBITIONS WITH AN INTERDISCIPLINARY FOCUS THAT REFLECT THE DIVERSITY OF THE MUSEUM'S COLLECTION AS A RESOURCE FOR SCHOLARLY RESEAR CH, YESHIVA UNIVERSITY MUSEUM'S EXHIBITIONS PROVIDE UNIQUE OPPORTUNITIES FOR ARTISTS, HIST ORIANS, COLLECTORS, AND ETHNOGRAPHERS TO EXAMINE, COMPARE, AND RESEARCH OBJECTS, IDEAS, AND TECHNIQUES ITS CONTEMPORARY ART SHOWS OFFER THE PUBLIC THE OPPORTUNITY TO SURVEY ART BE ING CREATED BY LIVING JEWISH ARTISTS THROUGHOUT THE WORLD YESHIVA UNIVERSITY MUSEUM'S PROGRAMS ARE DESIGNED TO EXPAND THE INTELLECTUAL AND CREATIVE IMAGINATION OF ITS DIVERSE AUDI ENCES THEY INCLUDE FAMILY CRAFT WORKSHOPS, LECTURES, FILMS, CONCERTS, AND MULTILINGUAL EX HIBITION TOURS IN ENGLISH, HEBREW, SPANISH, RUSSIAN, AND YIDDISH

Supplemental Information	
Return Reference	Explanation
	YESHIVA UNIVERSITY'S ENDOWMENT FUNDS ARE INTENDED FOR A VARIETY OF PURPOSES, INCLUDING STU DENT SCHOLARSHIPS AND LOANS, ACADEMIC CHAIRS, INSTRUCTION AND TRAINING, EDUCATIONAL PROGRA MS AND PROJECTS, RESEARCH, AND FELLOWSHIPS

Constant and a second Profession at last

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 RECLASS OF SCH OLARSHIPS -85,006,531 CHANGE IN FMV OF SPLIT INTEREST AGREEMENTS -37,315 REVENUE FROM RELA TED ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 2.127.036

82,916,810

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUE INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENTS RECLASS OF REN TAL EXPENSES -4,364,583 RECLASS OF FUNDRAISING EVENT EXPENSES -622,225 RECLASS OF DISTRIBU TION FROM YESHIVA ENDOWMENT FDN 1,308,949 RECLASS OF AFFILIATE SERVICE ALLOCATION 3,600,00 0

Supplemental Information	
Return Reference	Explanation
	OTHER EXPENSES INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT FORM 990 RECLASS OF RENTA L EXPENSES 4,364,583 RECLASS OF FUNDRAISING EVENT EXPENSES 622,225 EXPENSES FROM RELATED E NTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 478,296 RECLASS OF AFFILIATE SERVICE ALLOCATION -3,600,000

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENT RECLASS OF SCHOLARSHIPS 85,006,531

Supplemental Information	
Return Reference	Explanation
FIN 48 POSITION	EFFECTIVE JULY 1, 2007, THE UNIVERSITY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD (F ASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 CLARIFIED THE ACCOUNTING FOR UNCERTAIN INCOME T AXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THERE WAS NO MATERIAL IMPACT TO THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48 IN THE YEAR OF ADOPTION OR IN THIS REPORTING YEAR TEXT OF JUNE 3 0, 2018 FIN 48 (ASC 740) FOOTNOTE MANAGEMENT ASSESSES ITS INCOME TAX POSITION EACH YEAR TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT TO BE SUSTAINED BY AN APPLICABLE TAXING AUT HORITY THIS REVIEW FOR FISCAL YEAR 2018 HAD NO MATERIAL IMPACT ON THE CONSOLIDATED FINANC IAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V, ENDOWMENT FUNDS, LINE 1E	IN FY 2015, OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS INCLUDES THE TRANSFER BY YESHIV A UNIVERSITY OF APPROXIMATELY \$371 MILLION OF EINSTEIN RELATED ENDOWMENT ASSETS TO THE ALB ERT EINSTEIN COLLEGE OF MEDICINE, INC, THE NEWLY FORMED NONPROFIT TAX-EXEMPT ENTITY FORMED AS PART OF THE JOINT COLLABORATION AGREEMENT WITH MONTEFIORE MEDICINE ACADEMIC HEALTH SY STEM MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM AND YESHIVA UNIVERSITY ARE THE SOLE MEMBERS OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, INC IN FY 2014, OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS PRIMARILY INCLUDED THE TRANSFER OF CERTAIN PREVIOUSLY QUASI-ENDOWED FUNDS TO NON-ENDOWED FUNDS, OF WHICH A PORTION WAS WITHDRAWN FOR OPERATING PROGRAM

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134095049 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** YESHIVA UNIVERŠITY 13-1624225 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

SCHEDULE E - PART I LINE 3	THE UNIVERSITY'S WEBSITE, RECRUITMENT ADVERTISING AND HANDBOOK CONTAIN YESHIVA UNIVERSITY'S NON-DISCRIMINATION POLICY
SCHEDULE E - PART I LINE 6A	YESHIVA UNIVERSITY RECEIVES FUNDS FROM THE NEW YORK STATE EDUCATION DEPARTMENT IN THE FORM OF GRANTS AND SCHOLARSHIPS, MOSTLY THROUGH THE TUITION ASSISTANCE PROGRAM TO PROVIDE FINANCIAL AID ASSISTANCE TO QUALIFYING STUDENTS AND RECEIVED BUNDY AID BASED ON DEGREES CONFERRED FROM THE US FEDERAL GOVERNMENT, YESHIVA RECEIVES AID THROUGH TITLE IV AND TITLE VII, INCLUDING PELL GRANTS, STAFFORD AND PLUS LOANS, SEOG, WORK STUDY, AND PERKINS AND HEALTH PROFESSION STUDENT LOAN PROGRAMS, FUNDS ARE USED 100% FOR FINANCIAL ASSISTANCE BY THE

STUDY, AND PERKINS AND HEALTH PROFESSION STUDENT LOAN
PROGRAMS FUNDS ARE USED 100% FOR FINANCIAL ASSISTANCE BY THE
ELIGIBLE STUDENTS

Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC prin	t - DO NOT PI	ROCESS	As Filed Data -	DLN: 93493134095049			
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the Uni	OMB No 1545-0047		
(1 01111 330)	► Complet	te if the organi		Yes" to Form 990, Part IV, line 14b, 15, or 16. to Form 990.			
Department of the Treasury Internal Revenue Service	► Informati	on about Sched	lule F (Form 990) a	and its instructions is at wи	vw.irs.gov/form990.	Open to Public Inspection	
Name of the organization	ı				Employer id	lentification number	
YESHIVA UNIVERSITY					13-1624225		
	Information o Part IV, line 1		Outside the U	Inited States. Comple	te if the organization	n answered "Yes" to	
other assistance, to award the gran	the grantees' el nts or assistance s. Describe in P	ligibility for th e?	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No other assistance	
3 Activites per Regio	n (The following	Part I, line 3	table can be duplı	cated if additional space is	needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region		
(1) See Add'l Data				,			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continua Part I		:	2 17			98,787,255	
c Totals (add lines 3: For Paperwork Reduction		the Instruction	2 17		No 50082W Sch e	98,787,255 edule F (Form 990) 2017	

2. Esta tatal a suba of a construction of a construction of the form of the fo								
(4)								
(3)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F (Form 99	0) 2017 Page 5
Provid amour metho	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; its of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide Iditional information (see instructions).
Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	YESHIVA UNIVERSITY MONITORS THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES BY A GRANTEE THROUGH REVIEW OF THE GRANTEE'S AUDITED FINANCIAL STATEMENTS, PERSONAL SITE VISITS AND DISCUSSIONS WITH THE GRANTEE'S SENIOR MANAGEMENT

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	1 UNDERGRADUATE AND GRADUATE SHORT AND LONG TERM STUDY ABROAD PROGRAMS AND INTERNATIONAL INTERNSHIPS, INCLUDING STUDENT EXCHANGE, PARTICIPATION IN STUDENT COMPETITIONS, SEMESTER ABROAD, INDEPENDENT STUDY, AND SUMMER STUDY PROGRAMS IN EUROPE, THE MIDDLE EAST, ASIA, AND THE PACIFIC THE BENJAMIN CARDOZO SCHOOL OF LAW OFFERS EXCHANGE PROGRAMS IN THE NETHERLANDS, GERMANY, HUNGARY, HONG KONG, SPAIN, CHINA, ISRAEL, FRANCE, ITALY, AUSTRALIA, AND ENGLAND, AND A COMBINED JD/LLM INTERNATIONAL DUAL DEGREE PROGRAM AT A LAW SCHOOL IN FRANCE THE CARDOZO FLOERSHEIMER CENTER FOR CONSTITUTION DEMOCRACY IN PARTNERSHIP WITH THE YU CENTER FOR JEWISH LAW OVERSEES THE ISRAEL SUPREME COURT PROJECT WHICH PROVIDES ENGLISH TRANSLATIONS OF IMPORTANT ISRAELIS SUPREME COURT DECISIONS THE WURZWEILER SCHOOL OF SOCIAL WORK BLOCK PROGRAM COMBINES THREE SUMMERS OF FORMAL CLASSROOM EDUCATION IN NEW YORK WITH TWO YEARS OF SUPERVISED FIELD EXPERIENCE IN ISRAEL 2 ASSISTANCE TO STUDENT PARTICIPANTS IN THE S DANIEL ABRAHAM ISRAEL PROGRAM, INCLUDING GUIDANCE, STRUCTURE AND SUPPORT IN ADDITION, THE PROGRAM SPONSORS LECTURES AND ACTIVITIES WHERE THE STUDENTS CAN GATHER UNDER THE AUSPICES OF YESHIVA UNIVERSITY AND A GUIDANCE CENTER TO PROVIDE SUPPORT TO HELP EASE THE OCCASIONALLY CHALLENGING ADJUSTMENT TO A YEAR'S STUDY IN ISRAEL 3 FUNDRAISING AND STUDENT RECRUITMENT 4 ISRAEL MISSIONS - STUDENTS EXPERIENCE THE SOCIAL, CULTURAL, POLITICAL, AND SPIRITUAL MANIFESTATIONS OF ISRAELI SOCIETY 5 HUMANITARIAN, TORAH AND LEARNING MISSIONS - STUDENTS TRAVEL TO INTERNATIONAL COUNTRIES LEARNING THE HISTORY, CULTURE, FOLKLORE AND TRADITIONS OF A COMMUNITY WHILE CONDUCTING AN ASSIGNED WORK PROJECT TO BENEFIT THAT COMMUNITY STUDENTS ALSO TRAVELED TO ISRAEL TO PARTICIPATE IN EXPERIENTIAL EDUCATION PROGRAMS EXPLORING THE JEWISH SOCIAL JUSTICE SYSTEM 6 ATTENDANCE BY YESHIVA UNIVERSITY FACULTY AT INTERNATIONAL EDUCATIONAL CONFERENCES

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	INVESTMENTS IN FOREIGN REGIONS - THE FORM 990 REQUIRES ORGANIZATIONS TO INCLUDE IN COLUMN (F) THE BOOK VALUE OF ITS PASSIVE INVESTMENTS IN FOREIGN REGIONS AS OF THE END OF THE YEAR ACCORDINGLY, YESHIVA UNIVERSITY HAS INCLUDED THESE AMOUNTS IN THE REGIONS WHERE THE INVESTMENT VEHICLES ARE DOMICILED YESHIVA UNIVERSITY'S GENERAL LEDGER AND FINANCE SYSTEM FUNCTIONALITY DOES NOT SPECIFICALLY TRACK TRAVEL EXPENSES BY COUNTRY OR REGION HOWEVER, THE UNIVERSITY HAS, TO THE EXTENT POSSIBLE, ALLOCATED CERTAIN FOREIGN ACTIVITY EXPENSES TO THE APPROPRIATE REGION IN COLUMN (F) THE UNIVERSITY HAS PROVIDED DETAILED NARRATIVE DESCRIPTIONS OF ITS FOREIGN ACTIVITIES ABOVE

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 6 - FORM 5713	TO THE BEST OF ITS KNOWLEDGE, YESHIVA UNIVERSITY DOES NOT HAVE ANY OPERATIONS IN THE FORM OF BUSINESS AND COMMERCIAL ACTIVITIES OR TRANSACTIONS IN OR RELATED TO ANY OF THE "BOYCOTT COUNTRIES" HOWEVER, THE UNIVERSITY HAS HAD FOREIGN NATIONAL STUDENTS ENROLLED IN UNIVERSITY COURSES IN THE UNITED STATES WHO WERE CITIZENS AND/OR RESIDENTS OF KUWAIT, LEBANON, SYRIA AND THE UNITED ARAB EMIRATES THE UNIVERSITY DOES NOT BELIEVE THAT THE ENROLLMENT OF THESE STUDENTS IN U S -BASED COURSES WOULD REQUIRE THE FILING OF FORM 5713

Additional Data

Middle East and North Africa

Software ID: Software Version:

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

EDUCATION

652,811

Form 990	Schedule F	Part T	 Activities 	Outside	The United States	

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking	N/A	3,887,392

10 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa IN/A 311.301 lInvestments Europe (Including Iceland and 1 Program Services **IEDUCATION** 40,277 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America IN/A 297.297 4 |Grantmaking North America Program Services EDUCATION, 38,545 FUNDRAISING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the IN/A 90.895.275 lInvestments Carıbbean Europe (Including Iceland and 2,590,222 lInvestments IN/A Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia **IEDUCATION** 16.575 1 Program Services East Asia and the Pacific 1 Program Services **IEDUCATION** 57,560

DLN: 93493134095049 OMB No 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Employer identification number Name of the organization YESHIVA UNIVERSITY 13-1624225 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No CONSULTANT WM WHITE ASSOCIATES LLC No 59,013 **FUNDRAISING** CHARIDY 85,000 Νo CONSULTING SHEEHAN ADVISORY LLC 36,388 Nο CONSULTANT TERESA O'DWYER No 68,000 CONSULTANT JOSEPH HAYES MEESE 16,050 Νo 6 CONSULTANT GRENZEBACHE GLIER ASSOC No 70,250 CONSULTANT FAIRCOM NEW YORK 187,011 Νo 8 10 Total 521,712 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, PA, RI, SC, TN, UT, VA, WV, WI For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events **HANUKKAH DINNER CSL PUBLIC SVC** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 2,951,488 442,154 83,412 3,477,054 2 Less Contributions. 2,895,938 289,395 46,252 3,231,585 3 Gross income (line 1 minus 55,550 152,759 37,160 245,469 line 2) 4 Cash prizes 5 Noncash prizes 5,047 5,047 Direct Expenses Rent/facility costs 354.674 354,674 7 Food and beverages 7,883 7,883 8 Entertainment 10,580 1,493 12,073 Other direct expenses 100,509 84,542 57,497 242,548 10 Direct expense summary Add lines 4 through 9 in column (d) 622,225 11 Net income summary Subtract line 10 from line 3, column (d) . -376,756 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes % Yes % 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?			□Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		per of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
L4	Enter the name and address of the pers	son who prepares the organizatio	n's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
	Does the organization have a contract virevenue?	. ,			□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			he			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
.6	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribut	ions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		other exempt organizations or spent			0	
Par	t IV Supplemental Informatio	n. Provide the explanations i	equired by Part I, line 2b, columre. Also provide any additional info				 s).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - I	OO NOT PROCESS	As Filed Data -					DLN	l: 934931340	95049
Schedule I (Form 990)		Governments	Other Assistan and Individual	s in the Unite	d States			2017	
Department of the Treasury Internal Revenue Service			► Attach to Form le I (Form 990) and its	າ 990.				Open to Public Inspection	
Name of the organization YESHIVA UNIVERSITY						' '		ition number	
Part I General Info	rmation on Grants	and Assistance				13-162	4225		
the selection criteria us Describe in Part IV the	sed to award the grants organization's procedu	s or assistance? res for monitoring the u	se of grant funds in the U	nited States			ant TV luna	✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	" on Form 990, P	art IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				>		8 0
For Paperwork Reduction Act N				Cat No 50055			Sche	dule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2
		Domestic Individua onal space is needed		inization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assis		(b) Number of recipients	of (c) Amount of	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS & FELLOWS	3HIPS	4036	88,209,736	1		
(2)				 [
(3)						
(4)				1		
(5)						
(6)						
(7)				1		
Part IV Supplementa	I Information	on. Provide the inf	ormation required in F	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanation	on				
SCHEDULE I, PART I, LINE 2	FOR THE IN		PT PURPOSES THE ACTIVI			NTEES TO ASSURE THAT GRANT FUNDS ARE USED DENSURE COMPLIANCE WITH THE INTENTIONS AND
SCHEDULE I, PART III	THE \$88,20	J9,736 IN GRANTS At	ND ASSISTANCE REPRES'	ENT STUDENT FINANCI	AL AID, SCHOLARSHIPS AND FELL	LOWSHIPS, INCLUDING EMERGENCY STUDENT

Additional Data

INNOCENCE PROJECT

390 S WHITE STATION ROAD MEMPHIS, TN 03817

40 WORTH STREET NEW YORK, NY 10013 MARGOLIN HEBREW ACADEMY

Software ID: **Software Version:**

32-0077563

62-6002000

EIN: 13-1624225 Name: YESHIVA UNIVERSITY

322,993

7,500

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	itions and Domest	ic Governments.	
(a) Name and address of	/b) EIN	(a) IBC section	(d) Amount of each	(a) Amount of non	(f) Mothod of valuation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501(C)(3)

501(C)(3)

EDUCATION

(g) Description of

(h) Purpose of grant non-cash assistance or assistance

PUBLIC POLICY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HEBREW UNION COLLEGE 3106 CLIFTON AVENUE CINCINNATI, OH 45220	31-0537967	501(C)(3)	148,572		EDUCATION
BRONX DEFENDERS	13-3931074	501(C)(3)	93,000		EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 FAST 161ST STREET BRONX, NY 10451

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance COUNCIL ON SOCIAL WORK 54-1856529 501(C)(3) 20 924 FDUCATION

1701 DUKE STREET ALEXANDRIA, VA 22314	3 / 1000013	302(0)(0)	25,52.		2200/11011
INSTITUTE FOR URBAN FAMILY HEALTH	13-3273402	501(c)(3)	15,585		EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2006 MADISON AVENUE

NEW YORK, NY 10035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance JEWISH CENTER 13-1635300 501(C)(3) 7.500 RELIGIOUS

131 WEST 86TH STREET NEW YORK, NY 10024		, ,,, ,	·		
AMERICAN FRIENDS OF REUTH MEDICAL CENTER	13-1940424	501(c)(3)	10,000		CHARITABLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

600 COLUMBIS CIRCLE NEW YORK, NY 10024

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 934	19313	34095	049		
Sch	edule J	Compensation Information	10	1B No	1545-0	0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees,						
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990,	2017					
Б	64 7	▶ Attach to Form 990.			to Pul			
Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.qov/form990</u> .								
	ne of the organiza HIVA UNIVERSITY	ation	Employer identificat	ion nu	umber			
	TITVA ONIVERSITI		13-1624225					
Pa	rt I Questi	ons Regarding Compensation						
					Yes	No		
1a		opiate box(es) if the organization provided any of the following to or for a pe ection A, line 1a Complete Part III to provide any relevant information rega						
		s or charter travel	•					
	_	companions \square Payments for business use	,					
		nification and gross-up payments Health or social club dues Personal services (e.g., maximus)						
	Discretion	nary spending account Personal services (e.g., ma	aid, Chauffeur, Cher)					
b		xes in line 1a are checked, did the organization follow a written policy regard all of the expenses described above? If "No," complete Part III to explain	ling payment or reimbursement	1 b	Yes			
2		ation require substantiation prior to reimbursing or allowing expenses incurre ses, officers, including the CEO/Executive Director, regarding the items check		2	Yes			
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items check	eu iii iiile 1a					
3		If any, of the following the filing organization used to establish the compensi EO/Executive Director Check all that apply Do not check any boxes for met				İ		
		ed organization to establish compensation of the CEO/Executive Director, but				İ		
	✓ Compensa	ation committee	act					
		ent compensation consultant white imposment contributions of the compensation survey or significant survey or						
		of other organizations	•					
4	During the year related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with respec	t to the filing organization or a					
а	_	rance payment or change-of-control payment?		4a	Yes			
b		r receive payment from, a supplemental nonqualified retirement plan?		4b	Yes			
c	•	r receive payment from, an equity-based compensation arrangement?		4c	1	No		
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each ite	em in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				ŀ		
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or acci						
	compensation c	ontingent on the revenues of						
а	The organization	n [?]		5a		No		
b	Any related orga			5b		No		
_	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accionate on the net earnings of	ue any					
a	The organization			6a		No		
b	Any related orga	anization? 6a or 6b, describe in Part III		6b		No		
7	•	oa or ob, describe in Part III ed on Form 990, Part VII, Section A, line 1a, did the organization provide an	v nonfixed					
′		ed on Form 990, Part VII, Section A, line Ta, did the organization provide an escribed in lines 5 and 6? If "Yes," describe in Part III	y normixeu	7		No		
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract t nitial contract exception described in Regulations section 53 4958-4(a)(3)? If		8		No		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure des	cribed in Regulations section	9				
For I	Danarwark Badı	ection Act Notice, see the Instructions for Form 990.	at No 50053T Schedule 1	/Earn	2000	2017		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

ach individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the times.	990	, Part VII	-		_			vidual
(A) Name and Title			(B) Breakdown of W-2 and/or 1099-MISC (C) Retirement and other			(D) Nontaxable (E) benefits c	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	reported as deferred on prior Form 990
See Additional Data Table								

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference SCHEDULE J, PART I, LINE 1A

Schedule J (Form 990) 2017

PAYMENT OR REIMBURSEMENT OF EXPENSES FOR LISTED PERSON HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE PRESIDENT RABBI DR ARI D BERMAN IS PROVIDED WITH THE USE OF A HOME AS A PARSONAGE AND TO PROPERLY DISCHARGE HIS REQUIRED DUTIES. IN ADDITION, A PORTION OF THE ISALARY OF RABBI JOSH JOSEPH WAS DESIGNATED AS PARSONAGE ALLOWANCE. THE PARSONAGE ALLOWANCES FOR RABBIS BERMAN AND JOSEPH ARE

INCLUDED IN SCHEDULE J. PART II. COLUMN D. PERSONAL SERVICE AND COMPANION TRAVEL. THE UNIVERSITY BELIEVES IT IS PRUDENT AND NECESSARY TO

IS FOR A BONA FIDE BUSINESS PURPOSE

SCHEDULE J, PART I, LINE 4

REPORTED IN PRIOR YEARS FORMS 990 SCHEDULE J. PART II - DETAILS OF IN ACCORDANCE WITH IRS GUIDELINES AND FORM 990 INSTRUCTIONS, THE COMPENSATION AND BENEFITS REPORTED IN THIS FORM 990 SCHEDULE J AND

COMPENSATION & BENEFITS

YESHIVA UNIVERSITY TRANSFERRED, ON SEPTEMBER 9, 2015, OPERATIONAL AND FINANCIAL RESPONSIBILITY FOR EINSTEIN TO A NEWLY-CREATED NOT-FOR-PROFIT CORPORATION NAMED THE ALBERT EINSTEIN COLLEGE OF MEDICINE, INC (NEW EINSTEIN) IN CONNECTION WITH THE TRANSACTION, SUBSTANTIALLY ALL OF THE UNIVERSITY'S EMPLOYEES ASSOCIATED WITH EINSTEIN WERE TRANSFERRED TO NEW EINSTEIN FOR A TRANSITION PERIOD, WHICH ENDED IN MARCH 2019, WHEN NEW EINSTEIN RECEIVED FULL ACCREDITATION AS AN INDEPENDENT DEGREE-GRANTING INSTITUTION, YESHIVA UNIVERSITY MAINTAINED

ACADEMIC OVERSIGHT FOR NEW EINSTEIN, INCLUDING THE GRANTING OF DEGREES ACCORDINGLY, ALLEN SPIEGEL, DEAN OF THE EINSTEIN MEDICAL SCHOOL, CONTINUED TO BE A YESHIVA UNIVERSITY EMPLOYEE DURING THIS TRANSITION PERIOD FOR AN ALLOCATED PORTION OF HIS EINSTEIN ACTIVITIES

DEAN SPEIGEL'S COMPENSATION AND BENEFITS ARE ALSO REPORTED IN NEW EINSTEIN'S FORM 990 PRESIDENT RABBI DR ARI D BERMAN - COLUMN B REPRESENTS PARTIAL YEAR COMPENSATION COLUMN D INCLUDES NONTAXABLE PARSONAGE HOUSING, MEDICAL BENEFITS AND THE USE OF UNIVERSITY PROVIDED CELLULAR PHONE FORMER PRESIDENT RICHARD JOEL - COLUMN B(III) INCLUDES THE TAXABLE VESTING AND PAYOUT OF HIS 5 YEAR DEFERRED COMPENSATION AGREEMENT. TAXABLE TUITION. LIFE INSURANCE AND HEALTH RELATED BENEFITS. AND THE TAXABLE RENTAL VALUE OF HIS POST-PRESIDENCY USE OF THE HOME OWNED BY YESHIVA UNIVERSITY COLUMN C INCLUDES THE UNIVERSITY'S CONTRIBUTIONS TO A SECTION 403(B) RETIREMENT

FOLLOWING NON-TAXABLE BENEFITS, MEDICAL, TUITION, AND THE USE OF A UNIVERSITY PROVIDED CELLULAR PHONE

PLAN COLUMN D INCLUDES THE FOLLOWING NON-TAXABLE BENEFITS, MEDICAL, HOUSING PROVIDED AS A CONDITION OF EMPLOYMENT DURING HIS

PRESIDENCY AND THE USE OF A UNIVERSITY PROVIDED CELLULAR PHONE COLUMN F REPRESENTS THE PORTION OF THE CURRENT YEAR COMPENSATION THAT

WAS ALREADY REPORTED IN PRIOR YEARS FORMS 990 FOR THE REMAINING CURRENT AND FORMER OFFICERS, KEY EMPLOYEES, AND HIGHEST PAID EMPLOYEES LISTED IN PART VII/SCHEDULE J - COLUMN B(III) MAY INCLUDE THE FOLLOWING TAXABLE BENEFITS, TUITION, TRANSPORTATION AND LIFE INSURANCE COLUMN C GENERALLY INCLUDES THE UNIVERSITY'S CONTRIBUTION TO A SECTION 403(B) RETIREMENT PLAN AND THE ANNUAL ACCRUAL OF A SECTION 457(F) DEFERRED COMPENSATION PLAN FOR ANDREW LAUER, JACOB HARMAN AND JOSHUA JOSEPH COLUMN D GENERALLY INCLUDES THE

Explanation

PART VII REPRESENT AMOUNTS EARNED DURING THE 2017 CALENDAR TAX YEAR AS A RESULT OF THE JOINT COLLABORATION AGREEMENT REGARDING THE ALBERT EINSTEIN COLLEGE OF MEDICINE WITH MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM, INC., AN AFFILIATE OF MONTEFIORE MEDICAL CENTER,

DEFERRED COMPENSATION ACCOUNT BECAME TAXABLE TO HIM AS COMPENSATION INCOME. THE TAXABLE VESTING AND RELATED PAYOUT IS REPORTED AS TAXABLE COMPENSATION IN THIS YEAR'S FORM 990, SCHEDULE J, PART II, COLUMN B(III) PRIOR YEAR ACCRUALS OF THE DEFERRED COMPENSATION WERE PREVIOUSLY REPORTED IN PRIOR YEARS FORM 990 IN SCHEDULE J. PART II. COLUMN C AND IS CUMULATIVELY REPORTED IN THIS YEARS FORM 990. SCHEDULE J, COLUMN F CONSEQUENTLY, OF RICHARD JOEL'S \$2,169,403 OF TOTAL CALENDAR YEAR 2017 COMPENSATION AND BENEFITS, \$1,000,000 WAS PREVIOUSLY

UNIVERSITY VP & CHIEF FINANCIAL OFFICER, AND RABBI JOSH JOSEPH, UNIVERSITY SENIOR VP, WHICH ARE SUBJECT TO A RISK OF FORFEITURE IF CERTAIN CONDITIONS ARE NOT SATISFIED. THE ACCRUAL OF THIS BENEFIT IS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J. PART II, COLUMN C. IN CALENDAR YEAR 2017, FORMER PRESIDENT RICHARD JOEL'S 5 YEAR DEFERRED COMPENSATION AGREEMENT VESTED AND THE VESTED BALANCE IN HIS

PROVIDES THE PRESIDENT WITH A SECURITY GUARD DRIVER WHEN TRAVELING ON UNIVERSITY BUSINESS. THE UNIVERSITY REIMBURSES COMPANION TRAVEL FOR THE PRESIDENT WHEN THE COMPANION IS EXPECTED TO ATTEND AND ACTIVELY PARTICIPATE IN FUNCTIONS RELATED TO THE UNIVERSITY'S MISSION AND LINE 4A - DURING CALENDAR YEAR 2017, FORMER VP INSTITUTIONAL ADVANCEMENT SETH MOSKOWITZ RECEIVED SEVERANCE LINE 4B - IN FISCAL YEAR 2018, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENTS WERE IN PLACE WITH ANDREW LAUER, UNIVERSITY VP & GENERAL COUNSEL, JACOB HARMAN,

PROVIDE A MEASURE OF SECURITY TO THE PRESIDENT AND UNIVERSITY RELATED INDIVIDUALS WHO TRAVEL WITH THEM ACCORDINGLY, THE UNIVERSITY

Page 3

Schedule J (Form 990) 2017

Software ID: **Software Version:**

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

Form 990 Schedule 1 Part II - Officers Directors Trustees Key Employees and Highest Compensated Emplo

RESISTATION PROPERTY COLUMN COLUM	Form 990, Schedule	J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and F	lighest Compensate	d Employees		
Part Part	(A) Name and Title	_		of W-2 and/or 1099-MIS					
NAMESS 19 10 10 10 10 10 10 10				Bonus & incentive	Other reportable		benefits	(B)(ı)-(D)	reported as deferred on
MARCH PART MAR	1RABBI DR ARI D BERMAN TRUSTEE/PRESIDENT BEGAN	(1)	472,913	0	300	0	109,387	582,600	0
RECOMPTION OF ACCOUNTY OF AC	3/2017	I	0		0	0	0	0	
AFFAILES 14 0 0 0 0 0 0 0 0 0	1SELMA BOTMAN PROVOST - VP ACADEMIC	(1)	350,000	0	3,048	6,300	668	360,016	0
VERTIFICATION VERTIFICATIO	AFFAIRS	(11)	o	o	0	0	0	0	
ALCON HARDWAN 10	2HERBERT DOBRINSKY VP UNIVERSITY AFFAIRS	(1)	285,369	0	13,092	6,300	22,558	327,319	0
13/10/10/10/10/10/10/10/10/10/10/10/10/10/	STERSTII AITAINS	(11)	o	ol	0	0	0	0	0
A STATE OF THE PARTY COLUMN COLUM	3JACOB HARMAN VP BUSINESS AFFAIRS - CFO	(1)	525,000	0	20,871	41,300	894	588,065	0
ALLYSIA FEMAN (1) 174,937	DOSINESS ALLAINS - CFC	1	ol	n	0	n	n	n	
ADMACEMENT (0) 390,752 100,000 1,056 6,300 13,674 5511,792 0 6,030 6,030 13,674 5511,792 0 0 6,030 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4ALYSSA HERMAN	_	174,937	0	2,562	ol	18,272	195,771	0
SAMEON REMINDS (II) 390,752 100,000 1,056 6,300 13,674 511,792 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADVANCEMENT	(11)	ol	n	0	0	0	n	0
CHICATE STRAIN OF TAXABLE COLUMN	5AHRON HERRING CHIEF INVESTMENT OFFICER	(1)	390,762	100,000	1,056	6,300	13,674	511,792	0
BRIGHERY DEPMIN (0) 350,376 (0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CHILL INVESTMENT OFFICER	1	ol		0	0	0		
SENDOR	6RABBI JOSHUA JOSEPH	_	350,576	ol	7,051	56,300	61,022	474,949	1 0
74NDREW 1 LAUER WYSECTY/GENERAL COUNSEL (U) 524,333 0 73,354 56,300 97,984 751,971 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SENIOR VP	l	0						
WYSELT/RECHEAN (ii)	7ANDREW J LAUER	_	524,333	ol	73.354	56.300	97,984	751.971	1 0
SPELANE LESSIE (1) 376,081 0 1,827 6,300 35,155 419,363 0 0 0 0 0 0 0 0 0	VP/SECTY/GENERAL COUNSEL	l	0						
SERVICE CANDOXED LAW 10	8MELANIE LESLIE	_	376,081	n	1.827	6.300	35.155	419.363	1 0
SPECIALAD DEEL FORMER PRESIDEN (1)	DEAN - CARDOZO LAW SCHOOL							11,250	
COMMER PRESIDENT (i)	9RICHARD JOEL		660,234	n	1.437.138	6.300	65.731	2,169.403	1,000.000
10DANIEL FORMAN FORMER VP DEVELOPMENT (1)	FURMER PRESIDENT		0					_,,	
CORMER VP DEVELOPMENT	10DANIEL FORMAN	_	200,567	n	3.793	4.900	23.327	232.587	1 0
TABLETH MOSKOWITZ COMMERCE NOT STEER PROVERY TO 1,360 4,200 21,833 155,330 0 0 0 0 0 0 0 0 0	FORMER VP DEVELOPMENT	l	0						
Commerce Commerce	11MORTON LOWENGRUB	_	127,937	n	1.360	4.200	21.833	155.330	<u>0</u>
12MYRIAM GILLES (1) 321,115 0 180 6,300 30,601 358,196 0 0 0 0 0 0 0 0 0	FORMER PROVOST/SENIOR VP		0			.,,250			
13DAVID RUDENSTINE	12MYRIAM GILLES	_	321,115	n	180	6.300	30.601	358.196	0
13DAVID RUDENSTINE PROFESSOR	PROFESSOR - VICE DEAN	l	0						
14EDWARD D STEIN (II) 322,490 0 903 6,300 27,043 356,736 0 0 0 0 0 0 0 0 0	13DAVID RUDENSTINE	_	381,512	0	3 205	6 300	3 894	394 911	0
14EDWARD D STEIN (1) 322,490 0 903 6,300 27,043 356,736 0 0 0 0 0 0 0 0 0	PROFESSOR		0						
Table Sort Steel	14EDWARD D STEIN	_	322,490	0	903	6.300	27.043	356.736	0
15STEWART STERK Color 10 324,309 Color 2,166 6,300 27,493 360,268 Color 2,166 Color	PROFESSOR/DIRECTOR	l				3,300	27,043	333,730	
CHI CHI	15STEWART STERK	_	324,309	0	2 166	6 300	27 493	360.268	0
16 16 16 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17	PROFESSOR/DIRECTOR				2,100	0,300	27,493	330,200	١
CHIEF INFORMATION OFFICER	16JAMES VASQUEZ	_	278,058	40 000	529	4 275	77 187	345 044	0
17ALLEN SPIEGEL (II)	CHIEF INFORMATION OFFICER	l			329		22,102	3-3,044	
VP MEDICAL AFFAIRS/DEAN (II) 0 147,213 0 0 0 147,213 0 0 0 147,213 0 0 0 147,213 0 0 0 147,213 0 0 0 0 147,213 0 <td>17ALLEN SPIEGEL</td> <td>_</td> <td>161.782</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>161 782</td> <td></td>	17ALLEN SPIEGEL	_	161.782	0	0	0	0	161 782	
18SETH MOSKOWITZ (I) 147,213 0 0 147,213 0 FORMER VP INST ADV APR 2017	VP MEDICAL AFFAIRS/DEAN	l							
FORMER VP INST ADV APR	18SETH MOSKOWITZ	_	147 213	0	0	0	0	147.313	
<u> </u>	FORMER VP INST ADV APR 2017							14/,213	
		<u>L(11)</u>	<u> </u>	0	0	0	0	0	0

efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	34931	3409	5049	
Schedule K	C	n n la mantal	Information o	n Tav F		4 F) a mala				OMB	No 1545	5-0047	<u> </u>	
(Form 990) Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.										2017					
Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.qov/form990.												on (i) Pool financing			
Name of the organization									Emplo	yer ident		n number			
YESHIVA UNIVERSITY									13-16	24225					
Part I Bond Issues															
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descripti	on of purpose	(g) De	efeased	beha	On alf of uer			
									Yes	No	Yes		Yes		
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906KS2	07-23-2009	142,2		REFUI		998 AND CAP	X			X		X	
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906KS2	09-28-2011	93,3			NDING 2001 NDITURE	AND CAP	X			X		Х	
Part III Proceeds	<u> </u>	1							<u> </u>						
					A		E	3	C				D		
1 Amount of bonds retired					12,820	0,000		6,545,000							
2 Amount of bonds legally defease					29,325	5,000		32,485,000							
3 Total proceeds of issue					142,206	5,373		93,390,365							
4 Gross proceeds in reserve funds						0		0							
5 Capitalized interest from proceed						0		0							
6 Proceeds in refunding escrows.						0		0							
7 Issuance costs from proceeds .					1,495	5,130		1,568,989							
8 Credit enhancement from proce						0		0							
9 Working capital expenditures from						0		0							
10 Capital expenditures from proce	eds				123,937	7,547		46,793,860							
11 Other spent proceeds					16,773	3,696	45,027,516								
12 Other unspent proceeds						0	0								
13 Year of substantial completion .				20	011		20	14							
				Yes	No	,	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of	of a current refunding	g issue [?]		Х			Х								
15 Were the bonds issued as part of	of an advance refund	ing issue?			Х			Х							
16 Has the final allocation of proceeds been made?				Х			X								
Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			X								
Part IIII Private Business Us			-		1										
					A		E	3		:			D		
				Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No	
Was the organization a partner financed by tax-exempt bonds?	<u> </u>	<u>.</u>			х			×							
Are there any lease arrangement property?	its that may result in	n private business us	e of bond-financed		х			Х							
For Panerwork Reduction Act Notice, see the Instructions for Form 990.					t No 50	0193E				S	hadul	K (For	m 990	1) 2017	

9

Part IV

Arbitrage

Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

organization, or a state or local government

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of За Χ Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Х Х property?......... If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Χ Χ counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than 0 % 0 % a section 501(c)(3) organization or a state or local government

Х

Х

Χ

No

Х

Χ

Χ

Χ

Х

Α

Yes

Χ

0 %

0 %

Х

2 740 %

Yes

Х

Χ

No

Χ

Χ

Х

Χ

Х

0 %

0 %

Χ

Х

Χ

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

Were gross proceeds invested in a guaranteed investment contract

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

(GIC)?

Part V

Part VI

Return Reference

SCHEDULE K PART III -

PRIVATE BUSINESS USE

В No Yes No

Nο

Yes

Yes

Χ

Х

Yes

No

No

No

Yes

Yes

Yes

Page 3

No

Nο

D

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary Х

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

THE UNIVERSITY HISTORICALLY DOES NOT INCUR ANY PRIVATE BUSINESS USE IN ITS BOND-FINANCED

Explanation

PROPERTIES BECAUSE THE UNIVERSITY'S POLICY IS TO USE ITS OWN EQUITY TO FUND ANY POTENTIAL PRIVATE

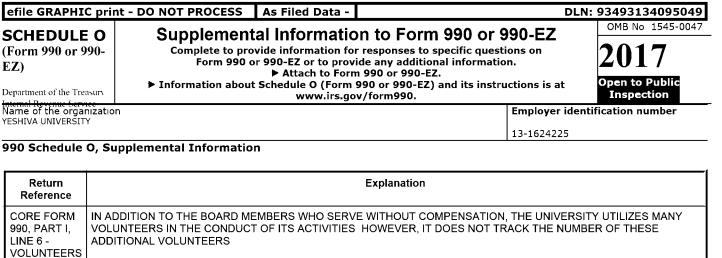
USE AND CONTINUES TO MONITOR THE USE OF ITS BOND-FINANCED PROPERTY TO AVOID FUTURE PRIVATE USE

Х period? Has the organization established written procedures to monitor the requirements of section 148? . . .

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134095049 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** YESHIVA UNIVERSITY 13-1624225 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Х Art—Historical treasures Art—Fractional interests Χ 4 Books and publications **5** Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 1,333,758 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 0 18 Collectibles Χ 23 **19** Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

chedule M (Form 990) (2017)	Page 2
Part II Supplemental I	nformation.
I, column (b), the	nation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part number of contributions, the number of items received, or a combination of both. Also complete dditional information.
Return Reference	Explanation
CHEDULE M, PART I, LINE 33	DURING FY 2018, THE YESHIVA UNIVERSITY MUSEUM RECEIVED A NUMBER OF DONATIONS OF COLLECTIBLES, WORKS OF ART AND BOOKS RELATED TO EXHIBITIONS
	Schedule M (Form 990) (2017)



Return

Reference

CORE	LINE 1 - ORGANIZATION MISSION YESHIVA UNIVERSITY STANDS AT THE EDUCATIONAL, SPIRITUAL AND
FORM 990,	INTELLECTUAL EPICENTER OF A ROBUST MOVEMENT THAT IS DEDICATED TO ADVANCING THE MORAL AND
PART III,	MATERIAL BETTERMENT OF THE JEWISH COMMUNITY AND BROADER WORLD OUR AIM IS TO ENSURE THAT ALL
LINE 1 AND	WHO SET FOOT IN YESHIVA UNIVERSITY - STUDENTS, STAFF, FACULTY, ALUMNI OR FRIENDS, ARE TRANSFORMED
LINE 3	BY THE EXPERIENCE AND INSPIRED TO CREATE A BRIGHTER TOMORROW YESHIVA UNIVERSITY IS A UNIQUE
	ECOSYSTEM OF EDUCATIONAL INSTITUTIONS AND RESOURCES THAT PREPARES THE NEXT GENERATION OF
	LEADERS FOR GREAT SUCCESS IN THEIR PERSONAL AND PROFESSIONAL LIVES, ENDOWING THEM WITH BOTH THE
	WILL AND WHEREWITHAL TO TRANSFORM THE JEWISH WORLD AND BROADER SOCIETY FOR THE BETTER IN
	SEPTEMBER 2017, RABBI DR ARI BERMAN WAS INAUGURATED AS THE FIFTH PRESIDENT OF YESHIVA UNIVERSITY
	HE SUCCEEDED RICHARD M JOEL, WHO WAS INAUGURATED IN 2003, AND NORMAN LAMM, WHO HAD HELD THE
	OFFICE SINCE 1976 PRESIDENT BERMAN'S TWO OTHER PREDECESSORS WERE BERNARD REVEL, PRESIDENT FROM

1915 TO 1940, AND SAMUEL BELKIN, WHO SERVED FROM 1943 TO 1975

Explanation

990	Schedule	Ο,	Supplemental	Information

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Return Reference	Explanation
CORE FORM 990, PART III, LINE 4 - PROGRAM SERVICES	FOUNDED IN THE LATE 19TH CENTURY, YESHIVA UNIVERSITY (YU) IS THE COUNTRY'S OLDEST AND MOST COMPREHENSIVE INSTITUTION COMBINING JEWISH SCHOLARSHIP WITH ACADEMIC EXCELLENCE AND ACHIE VEMENT IN THE LIBERAL ARTS AND SCIENCES, MEDICINE, LAW, BUSINESS, SOCIAL WORK, PSYCHOLOGY, JEWISH STUDIES, EDUCATION AND RESEARCH YU REFLECTS A CENTURIES-OLD COMMITMENT TO THE ADV ANCEMENT OF HUMAN KNOWLEDGE AND ETHICS YU BRINGS TOGETHER THE HERITAGE OF WESTERN CIVILIZATION AND THE ANCIENT TRADITIONS OF JEWISH LAW AND LIFE SINCE ITS INCEPTION, YU HAS BEEN DEDICATED TO MELDING THE ANCIENT TRADITIONS OF JEWISH LAW AND LIFE WITH THE HERITAGE OF WE STERN CIVILIZATION, AND EACH YEAR WE CELEBRATIONS OF JEWISH LAW AND LIFE WITH THE HERITAGE OF WE STERN CIVILIZATION, AND EACH YEAR WE CELEBRATE AS FUTURE LEADERS MAKE YU THEIR HOME MORE THAN 6,300 UNDERGRADUATE AND GRADUATE STUDENTS STUDY AT YU'S FOUR NEW YORK CITY CAMPUSES THE WILF CAMPUS, ISRAEL HERNY BEREN CAMPUS, BROOKDALE CENTER, THE JACK AND PEARL RESNICK C AMPUS, AND IN ISRAEL YU CURRENTLY ENROLLS MORE THAN 3,000 UNDERGRADUATES AT YESHIVA COLLE GE, STERN COLLEGE FOR WOMEN, THE SY SYMS SCHOOL OF BUSINESS, AND IN THE S DANIEL ABRAHAM PROGRAM IN ISRAEL THESE SCHOOLS COMBINE RIGOROUS ACADEMICS, UNPARALLELED JEWISH STUDIES AND A NURTURINO, JEWISH CHOOL FOR COMBINE RIGOROUS ACADEMICS, UNPARALLELED JEWISH STUDIES AND A NURTURINO, JEWISH ENTONOMENT HONORS AND LEADERSHIP PROGRAMS STRESS THE INTELLECTUAL DEVELOPMENT AND CULTURAL ENRICHMENT OF OUTSTANDING STUDENTS, AND THERE ARE MANY OPPORTUNIT IES FOR INTERNSHIPS AND RESEARCH JOINT AND COMBINED PROGRAMS OFFER ADVANCED DEGREES IN EN GINEERING, OCCUPATIONAL AND PHYSICAL THERAPY, JEWISH EDUCATION, JEWISH STUDIES, OPTOMETRY, NURSING, AND MATH AND SCIENCE AND EDUCATION ABOUT 95 PERCENT OF FULL-TIME UNDERGRADUATE FACULTY HOLD DOCTORATES OR THE HIGHEST DEGREE WITHIN THEIR FILEDS SMALL CLASSES ENCOURAGE INTELLECTUAL INTIMACY AND CREATIVITY DISTINGUISHED SCHOLARS, AUTHORS, ARTISTS, PUBLIC OF FICIALS AND BUSINESS LEADERS INTERACT WITH STUDENTS IN A VARIETY

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Return Reference	Explanation
CORE FORM 990, PART III, LINE 4 - PROGRAM SERVICES	ALUABLE AND ENRICHING EXPERIENCE, WHERE LIVING AND LEARNING IN THE JEWISH HOMELAND, BEING IMMERSED IN THE WORLD OF YESHIVA AND SEMINARY, AND ENGAGING IN INTENSE JEWISH STUDIES ARE INTEGRAL PARTS OF DAILY LIFE A FORMAL ARRANGEMENT BETWEEN YESHIVA UNIVERSITY AND MORE THA N 40 INSTUTIONS IN ISRAEL FOR MEN AND WOMEN. THE PROGRAM PROVIDES STRUCTURE, GUIDANCE AND ASSISTANCE FOR MORE THAN 600 YOUNG MEN AND WOMEN, ENABLING THEM TO INCORPORATE THEIR STUDI ES IN ISRAEL INTO THEIR COLLEGE YEARS ISRAEL'S LEADING EDUCATORS TEACH AN INTENSE PROGRAM OF JEWISH SUBJECTS AND THE EXPERIENCE INCREASES PROFICIENCY IN HEBREW AND ENABLES STUDENTS TO LEARN FIRST HAND ABOUT ISRAEL'S LAND, PEOPLE, HISTORY AND CULTURE YESHIVA UNIVERSITY IN ISRAEL REPRESENTATIVES OFFER ACADEMIC GUIDANCE AND CAREER PLANNING ADVICE AND STUDENTS HAVE THE OPPORTUNITY TO MEET YU ROSHEI YESHIVA (PROFESSORS OF TALMUD AND TORAH), ADMINIST RATORS AND FACULTY YESHIVA UNIVERSITY IS ALSO AFFILIATED WITH ONE OF THE NATION'S TOP MED ICAL SCHOOLS AND IS HOME TO A TOP-RANKED LAW SCHOOL, AS WELL AS HIGHLY REGARDED GRADUATE S CHOOLS OF SOCIAL WORK, PSYCHOLOGY, JEWISH STUDIES, JEWISH EDUCATION AND ADMINISTRATION, BUSINESS AND PROFESSIONAL STUDIES, INCLUDING GRADUATE PROGRAMS IN ACCOUNTING, TAXATION, BIOT ECHNOLOGY, DATA ANALYTICS, CYBERSECURITY, ENTERPRISE RISK MANAGEMENT, DATA AND PROVACY LAW, QUANTITATIVE ECONOMICS, MARKETING, MATH AND SPEECH LANGUAGE PATHOLOGY THE UNEQUALED RES OURCES OF NEW YORK CITY ENABLE YESHIVA TO MAKE PIONEERING ADVANCES AND PARTNERSHIPS IN CON JUNCTION WITH LEADING EDUCATIONAL, CULTURAL, HEALTH AND SOCIAL SERVICE INSTITUTIONS ITS G RADUATE SCHOOLS INCLUDE THE BENJAMIN N CARDOZO SCHOOL OF LAW, WURZWELLER SCHOOL OF SOCIAL WORK, PERKAUF GRADUATE SCHOOL OF PSYCHOLOGY, AZRIELI GRADUATE SCHOOL OF JEWISH EDUCATION AND ADMINISTRATION AS TERRE FOR ADDIATE SCHOOL OF JEWISH STUDIES, THE SYSYMS SCHOOL OF BUSINESS, GRADUATE PROGRAMS IN ARTS AND SCIENCES, THE MASTERS OF ARTS PROGRAM IN BIBLICAL AND TALMUDIC INTERPRETATION AT STERR COLLEGE FOR WOMEN AND THE KATZ

Return Reference	Explanation
CORE FORM 990, PART III, LINE 4 - PROGRAM SERVICES	DENTS, FACULTY AND STAFF FROM DIVERSE BACKGROUNDS WHO STRIVE TO ENHANCE HUMAN HEALTH IN THE COMMUNITY AND BEYOND AT THE CORE OF EINSTEIN'S MISSION IS THE PURSUIT OF SOCIAL JUSTICE IN MEETING THE HEALTHCARE NEEDS OF ALL INDIVIDUALS, INCLUDING THOSE FROM UNDERSERVED COMM UNITIES LOCATED IN A RESIDENTIAL COMMUNITY IN THE NORTHEAST BRONX, EINSTEIN IS THE AFFILIA ATED MEDICAL SCHOOL FOR SEVERAL OF THE LEADING HOSPITALS IN NEW YORK, INCLUDING MONTEFIORE MEDICAL CENTER THROUGH ITS AFFILIATION WITH THE ALBERT EINSTEIN COLLEGE OF MEDICINE, YES HIVA AWARDS THE DOCTOR OF MEDICINE DEGREE AS WELL AS THE PHD, COMBINED MD/PHD AND MS DEGRE ES EINSTEIN ALSO SPONSORS ONE OF THE LARGEST POSTGRADUATE CLINICAL TRAINING PROGRAMS IN T HE UNITED STATES DURING THE 2017-2018 ACADEMIC YEAR, EINSTEIN IS HOME TO 764 M D STUDENT S, 228 PH D STUDENTS (INCLUDING STUDENTS IN THE COMBINED MD/PHD PROGRAM) AND 275 POST-DOCT ORAL RESEARCH FELLOWS MORE THAN 9,000 EINSTEIN ALUMNI ARE AMONG THE NATION'S FOREMOST CLI NICIANS, BIOMEDICAL SCIENTISTS AND MEDICAL EDUCATORS A FULL TIME FACULTY OF MORE THAN 1,9 00 TEACHES AND DELIVERS HEALTHCARE AND CONDUCTS STUDIES IN EVERY MAJOR MEDICAL SPECIALTY A ND AREA OF BIOMEDICAL RESEARCH YESHIVA UNIVERSITY'S BENJAMIN N CARDOZO SCHOOL OF LAW, AW ARDS THE JURIS DOCTOR DEGREE AND LIM DEGREES WITH CONCENTRATIONS IN INTELLECTUAL PROPERTY, GENERAL STUDIES, COMPARATIVE LEGAL THOUGHT AND DISPUTE RESOLUTION AND ADVOCACY AND THE JS D DEGREE CARDOZO FACULTY ARE CONSISTENTLY RANKED IN THE TOP 30 LAW SCHOOLS IN THE COUNTRY FOR SCHOLARLY IMPACT AND THE SCHOOL OFFERS MORE THAN 15 INITIATIVES UNDER THE CENTER FOR RIGHTS AND JUSTICE AND SPONSORS DOZENS OF OTHER CLINICS, INCLUDING THE INDIE FILM CLINIC, THE TECH STRATUP CLINIC, AND THE CIVIL RIGHTS CLINIC

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Return Reference	Explanation
PROGRAM SERVICES (CONT'D)	THE AZRIELI GRADUATE SCHOOL OF JEWISH EDUCATION AND ADMINISTRATION IS THE PREMIER CENTER F OR ASPIRING JEWISH EDUCATORS AS EITHER TEACHERS, CURRICULUM DEVELOPERS OR EDUCATIONAL LEAD ERS, AND OFFERS AN INTERNATIONALLY RECOGNIZED FACULTY, INNOVATIVE COURSEWORK, COLLABORATIV E RESEARCH, INTENSIVE FIELD EXPERIENCE AND PROFESSIONAL MENTORING THE SCHOOL AWARDS TWO M ASTERS OF SCIENCE DEGREES IN JEWISH EDUCATION IN EITHER TEACHING OR CURRICULUM DEVELOPMENT AND OFFERS SUBSTANTIAL FLEXIBILITY TO ALLOW ALL JEWISH EDUCATORS TO ADVANCE THEIR LEARNING EITHER AT THE NEW YORK CAMPUS OR IN A FULLY ONLINE PROGRAM STUDENTS MAY ALSO PURSUE A D UAL MASTERS DEGREE FROM AZRIELI AND THE BERNARD REVEL GRADUATE SCHOOL OF JEWISH STUDIES OR MASTERS COMBINED WITH SEMICHA (RABBINICAL ORDINATION) THROUGH ITS FANYA GOTTESFELD HEL LER DIVISION OF DOCTORAL STUDIES, AZRIELI ALLOWNI SERVE AT THE HELM OF SCHOOLS, EDUCATIO NAL AGENCIES, UNIVERSITIES AND COMMUNAL INSTITUTIONS ALL OVER THE WORLD THE BERNARD REVEL GRADUATE SCHOOL OF JEWISH STUDIES, NAMED AFTER THE FIRST PRESIDENT OF YU, EDUCATES TEACHERS, RESEARCHERS AND SCHOLARS IN JEWISH STUDIES AS WELL AS RABBIS, COMMUNAL PROFESSIONALS A ND ANYONE WILLING TO ENRICH HIS OR HER KNOWLEDGE OF JUDAISM IT OFFERS MASTERS AND DOCTORA LE PROGRAMS WITH CONCENTRATIONS IN BIBLE, TALMUDIC STUDIES, ANCIENT JEWISH HISTORY, MODERN JEWISH HISTORY, AND JEWISH PHILOSOPHY AND MYSTICISM. THE FIERD FREIGHAL GRADUATE SCHOOL OF PSYCHOLOGY TRAINS HIGHLY QUALIFIED PSYCHOLOGISTS AND RESEARCHERS IN THE FIELDS OF CLINICAL PSYCHOLOGY TRAINS HIGHLY QUALIFIED PSYCHOLOGY, CLINICAL HEALTH PSYCHOLOG. CLINICAL HEALTH PSYCHOLOGY AND MENTAL HEALTH COUNSELING COLLABORATIONS WITH SCHOOLS, CLINICS, MENTAL HEALTH PSYCHOLOGY AND MENTAL HEALTH COUNSELING OF PSYCHOLOGY TRAINS HIGHLY QUALIFIED PSYCHOLOGY FERKAUF 'S PROGRAMS INCLUDE THE ROSE F KENNEDY CENTRATOR AND AN IMPENTAL HEALTH PSYCHOLOGY. CLINICAL HEALTH PSYCHOLOGY CHINICAL CHILD PSYCHOLOGY OF PSYCHOLOGY AND A PHD IN CLINICAL HEALTH PSYCHOLOGY FERKAUF SPROGRAMS INCLUDE THE ROSE F KENNED

990	Schedule O	, Supplemental	Information

Return Reference	Explanation
PROGRAM SERVICES (CONT'D)	SOCIAL WORK, CREATIVE ARTS AND HEALING, TRAUMA PRACTICE AND PALLIATIVE CARE AND GERONTOLO GY IT OFFERS CONCENTRATIONS IN CLINICAL PRACTICE WITH INDIVIDUALS AND FAMILIES, SOCIAL GR OUP WORK, AND COMMUNITY PRACTICE WURZWEILER GRADUATES COMPRISE A NETWORK OF MORE THAN 7,0 00 LOCAL, NATIONAL AND INTERNATIONAL SERVICE PROVIDERS, LEADERS AND EDUCATORS FIELDWORK IS AN INTEGRAL PART TO A WURZWEILER EDUCATION. AFFILIATED AGENCIES ARE SELECTED FOR THEIR E XPERTISE, DIVERSITY, SERVICE TO THE COMMUNITY AND OPPORTUNITIES FOR LEARNING TOPICS SUCH AS EVIDENCE-BASED PRACTICE, HEALTHY AGING, TRAUMA AND INTERPERSONAL VIOLENCE, WORKING WITH VETERANS, COPING WITH LOSS, CHILD WELFARE, GERIATRIC AND PALLIATIVE CARE. CREATIVE ARTS A NO HEALING, SCHOOL SOCIAL WORK AND SUBSTANCE ABUSE INFORM WURZWEILER'S NATIONALLY ACCREDITED CURRICULUM WURZWEILER'S INTERNATIONALLY RECOGNIZED FACULTY IS COMMITTED TO EXCELLENCE IN TEACHING AND CONTRIBUTING TO THE BODY OF KNOWLEDGE IN PRACTICE RESEARCH STERN COLLEGE FOR WOMEN OFFERS A MASTER OF ARTS PROGRAM IN BIBLICAL AND TALMUDIC INTERPRETATION, WHICH IS OPEN TO STUDENTS WITH EXTENSIVE BACKGROUNDS IN ADVANCED JEWISH STUDIES ADVANCED STUDENT S MAY CHOOSE TO STUDY IN THE FULL DAY TRADITIONAL BEIT MIDRASH ENVIRONMENT AS MEMBERS OF THE STERN COLLEGE GRADUATE PROGRAM IN ADVANCED TALMUDIC STUDIES THE GRADUATE PROGRAM IN ARTS AND SCIENCES INCLUDES THE MASTER OF SCIENCE IN QUANTITATIVE ECONOMICS (MOE), WHICH TRAIN S STUDENTS FOR ANALYTICAL OR RESEARCH BASED CARREERS IN ECONOMICS AND FINANCE, AS WELL AS A N MA IN MATHEMATICS AND A PHD IN MATHEMATICAL SCIENCE DESIGNED TO PRODUCE SPECIALISTS FOR ACADEMIA AND INDUSTRY AND TO SUPPORT STRONG UNDERGRADUATE PROGRAMS THE SY SYMS SCHOOL OF BUSINESS OFFERS MASTERS OF SCIENCE PROGRAMS IN ACCOUNTING AND TAXATION AS WELL AS AN EXECUTIVE MBA PROGRAM THAT PROVIDES STUDENTS WITH STATE OF THE ART BUSINESS KNOWLEDGE IN THE CONTROL OF THE HIGHEST ETHICAL IDEALS THE KATZ SCHOOL OF SCIENCE AND HEALTH AT YESHIVA UNIV ERSITY GIVES STUDENTS THE OPPORTUNITY TO FURTHER THEIR INTELLECTUA

Return Reference	Explanation
PROGRAM SERVICES (CONT'D)	UATES WITH TOOLS THAT WILL SERVE THEM WELL IN THEIR CAREERS UNDERGRADUATE STUDENTS AT THE KATZ SCHOOL OF SCIENCE AND HEALTH, WHETHER PART OF AN ASSOCIATE'S DEGREE, SUMMER SESSION, OR COLLEGENOW, SHARE IN THE SAME FORWARD-LOOKING COLLEGE EXPERIENCE AS OUR GRADUATE STUDE NTS THEY ALSO JOIN STUDENTS AT YESHIVA COLLEGE, STERN COLLEGE, AND THE SY SYMS SCHOOL OF BUSINESS IN THE CAMPUS LIFE THAT DEFINES YESHIVA UNIVERSITY YU'S NETWORK OF LIBRARIES OCC UPY A CENTRAL ROLE IN THE ACADEMIC ENTERPRISE BY NURTURING DISCOVERY, CRITICAL THINKING AN D THE INTERDISCIPLINARY EXCHANGE OF INFORMATION TO HELP STUDENTS AND FACULTY COLLABORATE, GROW INTELLECTUALLY AND ACQUIRE SKILLS FOE LIFE LONG LEARNING THE LIBRARIES PROVIDE ACCES S TO ACADEMIC AND CULTURAL RESOURCES IN PRINT, DIGITAL AND OTHER FORMATS, WHICH SPAN THE D ISCIPLINES FROM BIOMEDICAL SCIENCES, SOCIAL SCIENCES, BUSINESS, AND LAW TO LITERATURE, LAN GUAGES AND THE ARTS SPECIAL COLLECTIONS INCLUDE JUDAIC RARE BOOKS AND MANUSCRIPTS, SEPHAR DIC PUBLICATIONS AND EXTENSIVE ARCHIVAL RECORDS DOCUMENTING THE JEWISH EXPERIENCE OF THE P AST CENTURY BASED AT THE CENTER FOR JEWISH HISTORY, THE YESHIVA UNIVERSITY MUSEUM IS A CR EATIVE AND VITAL PRESENCE IN THE INTELLECTUAL AND EDUCATIONAL LIFE OF YU AND THE GENERAL C OMMUNITY THE MUSEUM PRESENTS INNOVATIVE EXHIBITIONS AND PROGRAMS ON THE JEWISH ART AND CULTURE IN A HISTORICAL AND CONTEMPORARY CONTEXT. SEE SCHEDULE D, SUPPLEMENTAL INFORMATION F OR A MORE DETAILED DISCUSSION OF THE YESHIVA UNIVERSITY LIBRARY AND MUSEUM'S COLLECTIONS

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Return Reference	Explanation
PROGRAM SERVICES (CONT'D)	THE MUSEUM'S COLLECTION OF MORE THAN 10,000 ARTIFACTS, EXHIBITIONS, INSTALLATIONS AND PROGRAMS PROVIDE A WINDOW INTO JEWISH CULTURE AROUND THE WORLD AND THROUGHOUT HISTORY SCHOOL GROUPS FROM ACROSS THE NEW YORK METROPOLITAN AREA VISIT THE MUSEUM TO TOUR THE EXHIBITIONS AND PARTICIPATE IN WORKSHOPS AND EDUCATIONAL PROGRAMS THE MUSEUM SERVES AS A RESOURCE FOR EDUCATORS NATIONWIDE AS A RESOURCE FOR SCHOLARLY RESEARCH, THE MUSEUM'S EXHIBITIONS EXAMINE JEWISH COMMUNITIES, CULTURE, AND HISTORY, AND PRESENT THE WORKS OF EMERGING AND ESTABLISHED ARTISTS THE MUSEUM PARTNERS WITH YU FACULTY TO PROVIDE A WIDE RANGE OF PROGRAMS OPEN TO THE PUBLIC, INCLUDING CONFERENCES, WORKSHOPS AND LECTURES AS A TEACHING MUSEUM, IT IS COMMITTED TO PROVIDING CREATIVE LEARNING OPPORTUNITIES IN ORDER TO FOSTER INTELLECTUAL EXCHANGE BOTH WITHIN YU, THE BROADER ACADEMIC COMMUNITY AND WITH THE GENERAL COMMUNITY, YU CREATED THE FOLLOWING CENTERS/INSTITUTES THE CENTER FOR THE JEWISH FUTURE, THE RABBI ARTHUR SCHNEIER CENTER FOR INTERNATIONAL AFFAIRS, THE CENTER FOR ISRAEL STUDIES, THE CENTER FOR JEWISH LAW AND CONTEMPORARY CIVILIZATION, AND THE ZAHAVA AND MOSHAEL STRAUSS CENTER FOR TORAH AND WESTERN THOUGHT THE CENTER FOR THE JEWISH FUTURE'S (CJF) MISSION IS TO SHAPE, ENRICH AND INSPIRE THE CONTEMPORARY JEWISH COMMUNITY BY CONVENING THE RESOURCES OF YESHIVA UNIVERSITY AND, INTEINS STUDIENTS WITH A SPIRIT OF LEADERSHIP AND RESPONSIBILITY TO THE JEWISH PEOPLE AND SOCIETY IN GENERAL, BUILDING, CULTIVATING, AND SUPPORTING, COMMUNITIES AND THEIR LAY AND RABBINIC LEADERS, AND CREATING A GLOBAL MOVEMENT THAT PROMOTES THE VALUES OF YESHIVA UNIVERSITY AND, INTEING STUDIES IS AN EXPRESSION OF THE LONGSTANDING RELATIONSHIP BETWEEN YESHIVA UNIVERSITY AND THE LAND AND THE EACHING OF ISRAEL STUDIES IS AN EXPRESSION OF THE LONGSTANDING RELATIONSHIP BETWEEN YESHIVA UNIVERSITY TO DENGAGE WITH LEADING THE MOST AND ACROSS DISCIPLINES WITH A KEEP FOOLUS ON THE MODERN STATE THE ZAHAVA AND MOSHAEL STRAUSS CENTER FOR TORAH AND WESTERN THOUGHT THROUGH FELLOWSHIPS, PUBLI

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Reference	'
CORE	IN ACCORDANCE WITH ARTICLE I-3 OF THE YESHIVA UNIVERSITY BY-LAWS OF THE BOARD OF THE BOARD OF
FORM 990,	TRUSTEES, THE RESPECTIVE CHAIRS OF THE BOARDS OF THE RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY
PART VI,	("RIETS") AND THE BENJAMIN N CARDOZO SCHOOL OF LAW ("CARDOZO") SERVE AS EX OFFICIO VOTING MEMBERS
SECTION A,	OF THE YESHIVA UNIVERSITY BOARD OF TRUSTEES RIETS IS A SEPARATELY INCORPORATED SECTION 501(C)(3)
LINE 7A -	TAX-EXEMPT ORGANIZATION CARDOZO IS A CONSTITUENT SCHOOL THAT OPERATES AS PART OF YESHIVA
MEMBERS	UNIVERSITY SUCH INDIVIDUALS REMAIN ON THE YESHIVA UNIVERSITY BOARD OF TRUSTEES AS LONG AS THEY
l	REMAIN AS CHAIR OF HIS OR HER RESPECTIVE BOARD

Explanation

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Reference	Explanation
CORE FORM 990.	YESHIVA UNIVERSITY'S FORM 990 WAS REVIEWED AND SIGNED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON
,	A DRAFT RETURN PREPARED BY THE UNIVERSITY'S FINANCE DEPARTMENT AND DIRECTOR OF TAX THE DRAFT RETURN WAS REVIEWED BY THE UNIVERSITY'S CHIEF FINANCIAL OFFICER, THE UNIVERSITY'S OFFICE OF GENERAL
,	COUNSEL AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE FINAL VERSION OF THE FORM 990 WAS MADE AVAILABLE TO THE BOARD OF TRUSTEES VIA A SECURE WEB SITE PRIOR TO FILING WITH THE INTERNAL.
FORM 990	REVENUE SERVICE THE FORM 990, AS FILED, IS MADE AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH INTERNAL
REVIEW	REVENUE SERVICE RULES AND REGULATIONS

Funlanation.

Return Reference	Explanation
CORE FORM 990, PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY	THE UNIVERSITY'S CONFLICT OF INTEREST POLICY - WHICH WAS APPROVED BY THE BOARD OF TRUSTEES - APPLIES TO ALL MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES, ALL MEMBERS OF THE BOARD OF OVERSEERS OF THE UNIVERSITY'S CONSTITUENT SCHOOLS, ALL PERSONS WHO SERVE ON A UNIVERSITY BOARD COMMITTEE OF A COMMITTEE OF A CONSTITUENT SCHOOLS, ALL PERSONS WHO SERVE ON A UNIVERSITY BOARD COMMITTEE OR A COMMITTEE OF A CONSTITUENT SCHOOLS, ALL PERSONS WHO SERVE ON A UNIVERSITY BOARD COMMITTEE OR A COMMITTEE OF A CONSTITUENT SCHOOLS, BOARD, AND TO OFFICERS AND SEL ECT EMPLOYEES OF THE UNIVERSITY, AS DESIGNATED BY THE GENERAL COUNSEL (COLLECTIVELY, THE "COVERED PERSONS") THE POLICY PROVIDES THAT COVERED PERSONS ARE TO ACT AT ALL TIMES IN A M ANNER CONSISTENT WITH THEIR POLICY PROVIDES THAT COVERED PERSONS ARE TO ACT AT ALL TIMES IN A M ANNER CONSISTENT WITH THEIR POLICY PROVIDES THAT COVERED PERSONS ARE NOT TO ENGAGE IN BUSINESS WITH THE UNIVERSITY'S REPUTATION FURTHER, ALL COVE RED PERSONS ARE NOT TO ENGAGE IN BUSINESS WITH THE UNIVERSITY'S REPUTATION FURTHER, ALL COVE RED PERSONS ARE NOT TO ENGAGE IN BUSINESS WITH THE UNIVERSITY'S THE FACTS AND, IF IT IS IN THE UNIVERSITY'S BEST INTERESTS, APPROVE SUCH EXCEPTIONS CONFLICT WAIVER REQUESTS CO NSIDERED BY THE COMMITTEE, WHETHER OR NOT APPROVED, ARE REPORTED TO THE BOARD OF TRUSTEES QUESTIONS AS TO WHETHER A TRANSACTION CONSTITUTES A RELATED PARTY TRANSACTION WITH RESPECT TO COVERED PERSONS ARE RESOLVED BY THE UNIVERSITY'S GOVERNANCE COMMITTEE AND THE PRESIDE NT IN CONSULTATION WITH THE GENERAL COUNSEL OF ANY CHANGE IN THE INFORMATION PREVIOUSLY REPORTED ON SUCH PERSON'S DISC LOSURE STATEMENT, AND TO FURNISH SUPPLEMENTAL INFORMATION AND/OR CONFIRM THE CONTINUED ACC URACY OF THE CURRENT TO THE GENERAL COUNSEL AND THE PROVISION OF THE CONFILET BY IN CONSULTATION WITH THE GENERAL COUNSEL HAS THE AUTHORITY TO ADD RESS NON-COMPLIANCE WITH THE DISCLOSURE STATEMENT, IF REQUESTED BY THE GENERAL COUNSEL THE DISCLOSURE STATEMENT. FOR PROVISION OF THE CONFILEY OF THE CONFILEY OF THE CONFILEY OF

Return Reference	Explanation
CORE FORM 990, PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY	PERSON'S ANNUAL DISCLOSURE STATEMENT AND ANY PERIODIC UPDATES SUBMITTED PURSUANT TO THE P OLICY IN ADDITION TO THE CONFLICT OF INTEREST POLICY ABOVE FOR COVERED PERSONS, UNIVERSITY EMPLOYEES ARE ALSO SUBJECT TO ADDITIONAL CONFLICT OF INTEREST REPORTING REQUIREMENTS AS SET FORTH IN THE UNIVERSITY EMPLOYEE HANDBOOK

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CORE FORM	THE COMPENSATION OF ALL EMPLOYEES EARNING IN EXCESS OF A SPECIFIED THRESHOLD SALARY LEVEL, AS
990, PART VI,	WELL AS ALL OF YESHIVA UNIVERSITY'S OFFICERS AND KEY EMPLOYEES, IS REVIEWED BY THE UNIVERSITY'S
SECTION B, LINE	COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE INDEPENDENT MEMBERS OF THE COMMITTEE
15 -	CONDUCT A DETAILED REVIEW AND APPROVAL OF SUCH COMPENSATION UTILIZING COMPARABILITY DATA
COMPENSATION	FROM THIRD PARTY SALARY SURVEYS, FORM 990 SALARY DISCLOSURES FROM OTHER ORGANIZATIONS,
DETERMINATION	AND/OR COMPENSATION STUDIES PREPARED BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM
	CONTEMPORANEOUS DOCUMENTATION OF THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE MADE
	PART OF THE COMMITTEE'S WRITTEN MINUTES IN ACCORDANCE WITH IRS RULES AND REGULATIONS, THE
	UNIVERSITY HAS ALSO RECEIVED OPINIONS FROM INDEPENDENT THIRD PARTY COMPENSATION CONSULTANTS
	THAT THE COMPENSATION AND BENEFITS OF ITS OFFICERS AND KEY EMPLOYEES ARE REASONABLE

Explanation

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DISCLOSURE

Reference	·
CORE FORM	YESHIVA UNIVERSITY DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IT'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE
,	UNIVERSITY'S WEBSITE AT WWW YU EDU THE UNIVERSITY MAKES IT'S FORM 990 AND 990-T AVAILABLE TO THE

Explanation

SECTION C, UNIVERSITY'S WEBSITE AT WWW YU EDU THE UNIVERSITY MAKES IT'S FORM 990 AND 990-T AVAILABLE TO T PUBLIC IN ACCORDANCE WITH INTERNAL REVENUE SERVICE RULES AND REGULATIONS

Return
Reference

CORE FORM

NAME OF OFFICER, DIRECTOR, ETC. ZYGMUNT WILF NAME OF RELATED PERSON MARK WILF RELATIONSHIP

990, PART VI,
SECTION A,
LINE 2 - BOARD
MEMBER
RELATIONSHIPS

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART XI, LINE 9 - RECONCILIATION OF NET ASSETS

RECONCILIATION OF NET ASSETS

RECONCILIATION OF NET ASSETS

Return Reference	Explanation
FORM 990, PART VII - AVERAGE HOURS PER WEEK	THE AVERAGE HOURS PER WEEK LISTED FOR THE OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES REPRESENTS YESHIVA UNIVERSITY'S OFFICIAL WORK WEEK HOWEVER, IN PRACTICE, SUCH INDIVIDUALS WORK SIGNIFICANTLY MORE HOURS PER WEEK AND ARE EXPECTED TO BE AVAILABLE FOR UNIVERSITY BUSINESS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public

Employer identification number

DLN: 93493134095049 OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization YESHIVA UNIVERSITY

(Form 990)

Department of the Treasury

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

13-1624225 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. See Additional Data Table (b) Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (f) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)YESHIVA ENDOWMENT FOUNDATION INC FOUNDATION NY 501(C)(3) 12A Yυ 500 WEST 185TH STREET NEW YORK, NY 10033 13-1790758 (2)YESHIVA UNIVERSITY IN ISRAEL IS ΥU **EDUCATION FOREIGN** FOREIGN Yes 40 DUVDEVANI STREET JERUSALEM 96428 99-9999999 (3) CAROLINE JOSEPH GRUSS INST YU IN ISRAEL IS EDUCATION FOREIGN FOREIGN Yυ Yes 40 DUVDEVANI STREET JERUSALEM 96428 IS 99-9999999 (4) CANADIAN FRIENDS OF YESHIVA UNIVERSITY FUNDRAISING CA **FOREIGN** FOREIGN YU Yes 3101 BATHURST STREET TORONTO, ONTARIO M6A2A6 99-9999999 (5)YESHIVA UNIVERSITY WOMEN'S ORGANIZATION NY **FUNDRAISING** 501(C)(3) 12A NA No 500 WEST 185TH STREET NEW YORK, NY 10033 13-1837437 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

(a) Name, address, and EIN of related organization		(b) Primary Legal domicile (state or foreign country)	al Direct Predominant ide controlling income(related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or Peging o	g ownersh		
					,			Yes	No		Yes	No	
												_	
												_	
Identification of Related Organ because it had one or more related						<u>I</u> zation ansv	l vered "Yes	" on Fo	orm 99	BO, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do do (state	(c) Legal omicile or foreign		entity (C co	(e) e of entity orp, S corp, or trust)	(f) Share of total Income	Share	(g) of end- year assets	of- Percei owne	ntage		(ı) tıon 5) cont entit
nal Data Table		со	ountry)									Ye	es
													+
								+					+
		1										_	-
													4

Purchase of assets from related organization(s).

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

(1)CAROLINE JOSEPH GRUSS INST YU IN ISRAEL

(4)CANADIAN FRIENDS OF YESHIVA UNIVERSITY

(3)215 LEXINGTON AVENUE CONDOMINIUM

(2)YESHIVA UNIVERSITY ENDOWMENT FOUNDATION

Performance of services or membership or fundraising solicitations for related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

No

No

No

No

No No

No

1i

1j Yes

1k

11 Yes

1m

1n 10 Yes

1r Yes

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No						
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No						
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes							
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes							
d	Loans or loan guarantees to or for related organization(s)	1d		No						
e	Loans or loan guarantees by related organization(s)	1e		No						
f	Dividends from related organization(s)	1f		No						
	Sale of assets to related organization(s)	10		No						

1B

1C

1J

1B

(b)

Transaction type (a-s)

(c)

Amount involved

3,887,392

1,308,949

813,248

297.297

FMV

FMV

FMV

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion of certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID: Software Version:

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Form 990, Schedule R, Part I - Identification of Disregarded E	ntities 	1	I	I	1
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
2479 AMSTERDAM AVENUE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8424066	REAL ESTATE	NY	609,590	9,000,305	YU
2498 AMSTERDAM AVENUE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8424135	REAL ESTATE	NY	55,933	1,108,940	YU
25-0-12-13-3 251 LEXINGTON I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218298	REAL ESTATE	NY	387,239	2,737,245	YU
556 WEST 185TH I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218444	INACTIVE	NY	0	0	YU
551 REALTY I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218503	INACTIVE	NY	0	0	YU
501 WEST 184TH I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218560	INACTIVE	NY	0	0	YU
COLONY MANAGEMENT I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218641	INACTIVE	NY	0	0	YU
BRIDGEVIEW PROPERTIES I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218703	INACTIVE	NY	0	0	YU
407 AUDUBON I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218835	INACTIVE	NY	0	0	YU
403 AUDUBON I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218928	INACTIVE	NY	0	0	YU
2461 AMSTERDAM AVENUE I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218987	REAL ESTATE	NY	12,000	948,538	Υυ
480 WEST 187 I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 26-1607906	INACTIVE	NY	0	0	Υυ
LAUREL HILL VENTURES LLC- sole member of 90 LAUREL HILL ASSOC-500 W 185 ST NEW YORK, NY 10033 13-4074163	INACTIVE	NY	0	0	Υυ
90 LAUREL HILL ASSOCIATES LLC 500 WEST 185TH STREET NEW YORK, NY 10033 11-3490957	INACTIVE	NY	0	0	YU
LAUREL HILL ESTATES I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218366	INACTIVE	NY	0	0	YU
24 36 LAUREL HILL I LLC 500 WEST 185TH STREET NEW YORK, NY 10033 20-8218753	REAL ESTATE	NY	608,541	5,133,347	YU
AE BLOCK HOLDING COMPANY LLC 500 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INVESTMENT	DE	0	0	YU
AE INTEREST HOLDING COMPANY 50 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INVESTMENT	DE	0	0	YU
39TH STREET AE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INACTIVE	DE	0	0	YU
38 STREET AE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INACTIVE	DE	0	0	YU

Form 990, Schedule R, Part I - Identification of Disregarded Entities (a) (b)

Name, address, and EIN (if applicable) of disregarded entity

Y PROPERTIES HOLDINGS LLC

50 WEST 185TH STREET NEW YORK, NY 10033 82-0914288

		or Foreign Country)			
DELANCEY STREET AE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INACTIVE	DE	0	0	YU
40 WEST 25TH STREET AE LLC 500 WEST 185TH STREET NEW YORK, NY 10033 13-1624225	INACTIVE	DE	0	0	YU
BROADWAY AE LLC 500 WEST 185TH STREET NEW YORK NY 10033	INACTIVE	DE	0	0	YU

Primary Activity

NEW YORK, NY 10033 13-1624225 o lyu 24 WEST 25TH STREET AE LLC INVESTMENT DE

R E HOLDINGS

500 WEST 185TH STREET NEW YORK, NY 10033

30-0753000

(c)

Legal Domicile

(State

or Foreign Country)

DE 10,214,848

(d)

Total Income

51,893,738 YU

(e)

End-of-year assets

(f)

Direct Controlling

Entity

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

rorm 990, Schedule R, Part IV - Idei			1	i"	1	/->	(1-3	1 4	: \$
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	Section (b)(contrepretation of the contrepretation) Yes	n 512 13) olled
CFIP CORPORATION 500 WEST 185TH STREET NEW YORK, NY 10033 13-3227195	REAL ESTATE	NY	YEF	С	0	82,113	100 000 %	Yes	
DEEGAN VIEW DEVELOPMENT CORPORATION 500 WEST 185TH STREET NEW YORK, NY 10033 13-3372640	REAL ESTATE	NY	YEF	С	0	0	100 000 %	Yes	
EASTCHESTER PROPERTIES INC 500 WEST 185TH STREET NEW YORK, NY 10033 06-1142985	REAL ESTATE	NY	YU	С	0	255,171	100 000 %	Yes	
HIGH BRIDGE PROPERTIES INC 500 WEST 185TH STREET NEW YORK, NY 10033 13-3247382	REAL ESTATE	NY	YEF	С	0	35,106	100 000 %	Yes	
LAUREL HILL DEVELOPMENT CORPORATION 500 WEST 185TH STREET NEW YORK, NY 10033 06-1158243	REAL ESTATE	NY	YU	С	0	0	100 000 %	Yes	
OBC CORP 500 WEST 185TH STREET NEW YORK, NY 10033 06-1142986	REAL ESTATE	NY	YU	С	0	368,321	100 000 %	Yes	
TREC PROPERTIES INC 500 WEST 185TH STREET NEW YORK, NY 10033 13-3244142	REAL ESTATE	NY	YEF	С	0	0	100 000 %	Yes	
557 WEST 185TH ST CORP 500 WEST 185TH STREET NEW YORK, NY 10033 13-3375637	REAL ESTATE	NY	YU	С	0	58,450	100 000 %		
BRIDGE PROPERTY INC 500 WEST 185TH STREET NEW YORK, NY 10033 13-3262638	REAL ESTATE	NY	YEF	С	0	47,368	100 000 %	Yes	
FACILITIES 2000 INC 500 WEST 185TH STREET NEW YORK, NY 10033 13-3955072	SAFETY SVCS	NY	YU	С	0	0	100 000 %	Yes	
VAN NEST CORP 500 WEST 185TH STREET NEW YORK, NY 10033 13-3421890	REAL ESTATE	NY	YU	С	0	0	100 000 %	Yes	
55 FIFTH AVENUE CONDOMINIUM 500 WEST 185TH STREET NEW YORK, NY 10033 99-9999999	REAL ESTATE	NY	YU	С	0	0	60 000 %		No
215 LEXINGTON AVENUE CONDOMINIUM 500 WEST 185TH STREET NEW YORK, NY 10033 13-4130536	REAL ESTATE	NY	YU	С	1,279,770	1,588,940	63 000 %	Yes	
CHARITABLE REMAINDER TRUSTS -16	FUNDRAISING	NY	NA	Т	0	0			No